



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

Upper Peninsula Health Plan, LLC

(Name)

NAIC Group Code 04734 (Current Period) , 04734 (Prior Period) NAIC Company Code 52615 Employer's ID Number 46-0927995

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
Other [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 10/23/1997 Commenced Business 08/01/1998

Statutory Home Office 853 W. Washington St. (Street and Number) , Marquette, MI, US 49855 (City or Town, State, Country and Zip Code)

Main Administrative Office 853 W. Washington St. (Street and Number)

Marquette, MI, US 49855 (City or Town, State, Country and Zip Code) 906-225-7500 (Area Code) (Telephone Number)

Mail Address 853 W. Washington St. (Street and Number or P.O. Box) , Marquette, MI, US 49855 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 853 W. Washington St. (Street and Number)

Marquette, MI, US 49855 (City or Town, State, Country and Zip Code) 906-225-7500 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address uphp.com

Statutory Statement Contact Jaime Susan Houghton (Name) , 906-225-7491 (Area Code) (Telephone Number) (Extension)

jhougton@uphp.com (E-Mail Address) 906-225-8687 (Fax Number)

OFFICERS

Name	Title	Name	Title
Melissa Ann Holmquist	President	Jaime Susan Houghton	Chief Financial Officer
Melanie Lyn Bicigo	Chief Operating Officer	Johanna Marie Novak	Secretary

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Michelle Marie Tavernier	Kevin Russell Kalchik #	Charles Edward Nelson	Robert Conrad Deese
Andrew Joseph Bertapelle #	Robert Vincent Vairo	Hunter Kyle Nostrant	Garfield Harold Atchison
Rebecca Dianne Faucette #			

State of Michigan.....

County of Marquette.....

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The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Melissa Ann Holmquist
President

Jaime Susan Houghton
Chief Financial Officer

Melanie Lyn Bicigo
Chief Operating Officer

Subscribed and sworn to before me this
22nd day of February, 2023

a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

Marlene Beaudry, Notary Public
June 24, 2028

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	41,562,134		41,562,134	21,015,610
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....	10,357,721		10,357,721	10,601,751
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$38,135,709 , Schedule E-Part 1), cash equivalents (\$2,938,869 , Schedule E-Part 2) and short-term investments (\$16,713,226 , Schedule DA).....	57,787,804		57,787,804	74,187,033
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA)	0		0	0
9. Receivables for securities	887		887	11,809
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	109,708,546	0	109,708,546	105,816,203
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	352,934		352,934	228,566
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	5,664,663		5,664,663	3,690,024
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$1,671,998) and contracts subject to redetermination (\$)	1,671,998		1,671,998	1,343,509
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	15,767,693		15,767,693	14,389,186
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset.....			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software.....	329,382	1,222	328,160	304,581
21. Furniture and equipment, including health care delivery assets (\$)	115,592	115,592	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	24,991		24,991	4,596
24. Health care (\$) and other amounts receivable.....	6,666,188	6,666,188	0	0
25. Aggregate write-ins for other-than-invested assets	7,874,879	678,980	7,195,899	8,066,277
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	148,176,866	7,461,982	140,714,884	133,842,942
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	148,176,866	7,461,982	140,714,884	133,842,942
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepays.....	640,247	640,247	0	0
2502. Vehicles.....	38,733	38,733	0	0
2503. IPA Tax receivable.....	7,193,073		7,193,073	8,066,277
2598. Summary of remaining write-ins for Line 25 from overflow page	2,826	0	2,826	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	7,874,879	678,980	7,195,899	8,066,277

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$402,718 reinsurance ceded)	34,042,800		34,042,800	32,506,997
2. Accrued medical incentive pool and bonus amounts	2,110,567		2,110,567	1,524,292
3. Unpaid claims adjustment expenses	346,486		346,486	294,713
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	3,416,350		3,416,350	12,575,814
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	5,132
9. General expenses due or accrued	9,555,914		9,555,914	10,179,124
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others	628,172		628,172	1,295,302
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	1,182,942		1,182,942	1,182,100
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	16,914,275		16,914,275	14,532,395
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	68,197,506	0	68,197,506	74,095,869
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	3,427,727	3,427,727
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	69,089,651	56,319,346
32. Less treasury stock, at cost: 32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	72,517,378	59,747,073
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	140,714,884	133,842,942
DETAILS OF WRITE-INS				
2301.			0	0
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	XXX	XXX		0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	699,776	670,810
2. Net premium income (including \$0 non-health premium income).....	XXX	341,066,314	320,558,361
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	29,662,072	31,950,376
7. Aggregate write-ins for other non-health revenues	XXX	139,922	102,394
8. Total revenues (Lines 2 to 7)	XXX	370,868,308	352,611,131
Hospital and Medical:			
9. Hospital/medical benefits		154,987,340	146,742,517
10. Other professional services		29,173,558	26,816,233
11. Outside referrals		14,953,594	20,130,055
12. Emergency room and out-of-area		30,531,083	29,385,465
13. Prescription drugs		61,936,752	51,586,277
14. Aggregate write-ins for other hospital and medical.....0	0	279,910	268,324
15. Incentive pool, withhold adjustments and bonus amounts.....		5,956,419	8,600,487
16. Subtotal (Lines 9 to 15)	0	297,818,656	283,529,358
Less:			
17. Net reinsurance recoveries		402,718	0
18. Total hospital and medical (Lines 16 minus 17)	0	297,415,938	283,529,358
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$4,384,250 cost containment expenses.....		7,331,863	6,490,477
21. General administrative expenses.....		43,942,195	45,469,204
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	348,689,996	335,489,039
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	22,178,312	17,122,092
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		1,983,445	790,265
26. Net realized capital gains (losses) less capital gains tax of \$(65,299)		(65,299)	611
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,918,146	790,876
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		0	0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	24,096,458	17,912,968
31. Federal and foreign income taxes incurred	XXX		0
32. Net income (loss) (Lines 30 minus 31)	XXX	24,096,458	17,912,968
DETAILS OF WRITE-INS			
0601. Miscellaneous Revenue.....	XXX	16,576	9,301
0602. IPA Tax Revenue.....	XXX	29,645,496	31,941,075
0603.	XXX		0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	29,662,072	31,950,376
0701. Gain/Loss on Asset Disposal.....	XXX	(2,736)	(1,272)
0702. Tiff Revenue.....	XXX	142,658	103,666
0703.	XXX		0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	139,922	102,394
1401. UPHIE Expenses.....		279,910	268,324
1402.			0
1403.			0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	279,910	268,324
2901.			0
2902.			0
2903.			0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	59,747,073	66,942,383
34. Net income or (loss) from Line 32	24,096,458	17,912,968
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax		0
39. Change in nonadmitted assets	(1,326,153)	(1,308,278)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	(10,000,000)	(23,800,000)
48. Net change in capital and surplus (Lines 34 to 47)	12,770,305	(7,195,310)
49. Capital and surplus end of reporting year (Line 33 plus 48)	72,517,378	59,747,073
DETAILS OF WRITE-INS		
4701. Distribution of Equity.....	(10,000,000)	(23,800,000)
4702.		0
4703.		0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	(10,000,000)	(23,800,000)

CASH FLOW

Cash from Operations		1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance		329,598,590	323,461,332
2. Net investment income		2,166,418	1,320,794
3. Miscellaneous income		29,801,993	32,052,770
4. Total (Lines 1 through 3)		361,567,001	356,834,896
5. Benefit and loss related payments		296,692,430	281,278,653
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
7. Commissions, expenses paid and aggregate write-ins for deductions		50,842,122	50,788,981
8. Dividends paid to policyholders			0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		0	0
10. Total (Lines 5 through 9)		347,534,552	332,067,634
11. Net cash from operations (Line 4 minus Line 10)		14,032,449	24,767,262
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		17,318,113	10,818,000
12.2 Stocks		0	0
12.3 Mortgage loans		0	0
12.4 Real estate		0	0
12.5 Other invested assets		0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		42,849	4,333
12.7 Miscellaneous proceeds		10,922	5,560
12.8 Total investment proceeds (Lines 12.1 to 12.7)		17,371,884	10,827,893
13. Cost of investments acquired (long-term only):			
13.1 Bonds		37,993,247	15,000,130
13.2 Stocks		0	0
13.3 Mortgage loans		0	0
13.4 Real estate		0	0
13.5 Other invested assets		0	0
13.6 Miscellaneous applications		42,849	4,332
13.7 Total investments acquired (Lines 13.1 to 13.6)		38,036,096	15,004,462
14. Net increase (decrease) in contract loans and premium notes		0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		(20,664,212)	(4,176,569)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes		0	0
16.2 Capital and paid in surplus, less treasury stock		0	0
16.3 Borrowed funds		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities			0
16.5 Dividends to stockholders		0	0
16.6 Other cash provided (applied)		(9,767,466)	(24,762,878)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		(9,767,466)	(24,762,878)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		(16,399,229)	(4,172,185)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year		74,187,033	78,359,218
19.2 End of year (Line 18 plus Line 19.1)		57,787,804	74,187,033

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Upper Peninsula Health Plan, LLC

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	341,066,314	0	0	0	0	0	126,054,742	215,011,572		0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue.....	0									XXX
5. Aggregate write-ins for other health care related revenues.....	29,662,072	0	0	0	0	0	2,512,362	27,149,710	0	XXX
6. Aggregate write-ins for other non-health care related revenues	139,922	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	139,922
7. Total revenues (Lines 1 to 6).....	370,868,308	0	0	0	0	0	128,567,104	242,161,282	0	139,922
8. Hospital/medical benefits	154,987,340						84,497,697	70,489,643		XXX
9. Other professional services	29,173,558						14,054,792	15,118,766		XXX
10. Outside referrals	14,953,594						4,209,681	10,743,913		XXX
11. Emergency room and out-of-area	30,531,081						7,121,452	23,409,629		XXX
12. Prescription drugs	61,936,751						6,041,459	55,895,292		XXX
13. Aggregate write-ins for other hospital and medical.....	279,910	0	0	0	0	0	25,078	254,832	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts.....	5,956,419						28,619	5,927,800		XXX
15. Subtotal (Lines 8 to 14)	297,818,653	0	0	0	0	0	115,978,778	181,839,875	0	XXX
16. Net reinsurance recoveries	402,718						0	402,718		XXX
17. Total hospital and medical (Lines 15 minus 16)	297,415,935	0	0	0	0	0	115,978,778	181,437,157	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ cost containment expenses.....	7,331,864						2,607,045	4,724,819		
20. General administrative expenses	43,942,197						9,098,260	34,886,471	(42,534)	
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	348,689,996	0	0	0	0	0	127,684,083	221,048,447	(42,534)	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	22,178,312	0	0	0	0	0	883,021	21,112,835	42,534	139,922
DETAILS OF WRITE-INS										
0501. Miscellaneous Revenue.....	16,577						4,142	12,435		XXX
0502. IPA Tax Revenue.....	29,645,495						2,508,220	27,137,275		XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	29,662,072	0	0	0	0	0	2,512,362	27,149,710	0	XXX
0601. Tiff Revenue.....	142,658	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	142,658
0602. Gain/Loss on Asset Disposal.....	(2,736)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2,736)
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	139,922	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	139,922
1301. UPHIE Expenses.....	279,910						25,078	254,832		XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	279,910	0	0	0	0	0	25,078	254,832	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) individual .....				.0
2. Comprehensive (hospital and medical) group .....				.0
3. Medicare Supplement .....				.0
4. Dental only .....				.0
5. Vision only .....				.0
6. Federal Employees Health Benefits Plan .....				.0
7. Title XVIII - Medicare	126,177,001		122,259	126,054,742
8. Title XIX – Medicaid	216,253,876		1,242,304	215,011,572
9. Credit A&H .....				.0
10. Disability Income .....				.0
11. Long-Term Care .....				.0
12. Other health .....				.0
13. Health subtotal (Lines 1 through 12)	342,430,877	0	1,364,563	341,066,314
14. Life .....				.0
15. Property/casualty .....				.0
16. Totals (Lines 13 to 15)	342,430,877	0	1,364,563	341,066,314

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Upper Peninsula Health Plan, LLC

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:														
1.1 Direct	291,322,287							116,204,055	175,118,232					
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	0													
1.4 Net	291,322,287	0	0	0	0	0	0	116,204,055	175,118,232	0	0	0	0	0
2. Paid medical incentive pools and bonuses	5,370,144							28,620	5,341,524					
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	34,445,518	0	0	0	0	0	0	15,697,636	18,747,882	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	402,718	0	0	0	0	0	0	0	402,718	0	0	0	0	0
3.4 Net	34,042,800	0	0	0	0	0	0	15,697,636	18,345,164	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	0													
4.2 Reinsurance assumed	0													
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	2,110,567								2,110,567					
6. Net healthcare receivables (a).....	1,398,571							1,368,693	29,878					
7. Amounts recoverable from reinsurers December 31, current year	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	32,506,997			0	0	0	0	14,582,837	17,924,160				0	0
8.2 Reinsurance assumed	0			0	0	0	0	0	0				0	0
8.3 Reinsurance ceded	0			0	0	0	0	0	0				0	0
8.4 Net	32,506,997	0	0	0	0	0	0	14,582,837	17,924,160	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	0			0	0	0	0	0	0				0	0
9.2 Reinsurance assumed	0			0	0	0	0	0	0				0	0
9.3 Reinsurance ceded	0			0	0	0	0	0	0				0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	1,524,292			0	0	0	0	0	1,524,292				0	0
11. Amounts recoverable from reinsurers December 31, prior year	0			0	0	0	0	0	0				0	0
12. Incurred benefits:														
12.1 Direct	291,862,237	0	0	0	0	0	0	115,950,161	175,912,076	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	402,718	0	0	0	0	0	0	0	402,718	0	0	0	0	0
12.4 Net	291,459,519	0	0	0	0	0	0	115,950,161	175,509,358	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	5,956,419	0	0	0	0	0	0	28,620	5,927,799	0	0	0	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital and Medical)		4	5	6	7 Federal Employees Health Benefits Plan	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Dental Only	Vision Only		Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:														
1.1. Direct	8,140,192							2,143,597	5,996,595					
1.2. Reinsurance assumed .....	.0													
1.3. Reinsurance ceded .....	.0													
1.4. Net	8,140,192	.0	.0	.0	.0	.0	.0	2,143,597	5,996,595	.0	.0	.0	.0	.0
2. Incurred but Unreported:														
2.1. Direct	26,630,019							13,476,014	13,154,005					
2.2. Reinsurance assumed .....	.0													
2.3. Reinsurance ceded	402,718								402,718					
2.4. Net	26,227,301	.0	.0	.0	.0	.0	.0	13,476,014	12,751,287	.0	.0	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1. Direct	(324,693)							78,025	(402,718)					
3.2. Reinsurance assumed .....	.0													
3.3. Reinsurance ceded .....	.0													
3.4. Net	(324,693)	.0	.0	.0	.0	.0	.0	78,025	(402,718)	.0	.0	.0	.0	.0
4. TOTALS:														
4.1. Direct	34,445,518	.0	.0	.0	.0	.0	.0	15,697,636	18,747,882	.0	.0	.0	.0	.0
4.2. Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded	402,718	.0	.0	.0	.0	.0	.0	.0	402,718	.0	.0	.0	.0	.0
4.4. Net	34,042,800	0	0	0	0	0	0	15,697,636	18,345,164	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....					.0	
2. Comprehensive (hospital and medical) group .....					.0	
3. Medicare Supplement .....					.0	.0
4. Dental Only .....					.0	.0
5. Vision Only .....					.0	.0
6. Federal Employees Health Benefits Plan .....					.0	.0
7. Title XVIII - Medicare	12,859,091	103,344,965	250,388	15,447,248	13,109,479	14,582,838
8. Title XIX - Medicaid	16,890,801	158,227,429	152,492	18,192,675	17,043,293	17,924,160
9. Credit A&H .....					.0	
10. Disability Income .....					.0	
11. Long-Term Care - Medicaid .....					.0	
12. Other health .....					.0	.0
13. Health subtotal (Lines 1 to 12)	29,749,892	261,572,394	402,880	33,639,923	30,152,772	32,506,998
14. Healthcare receivables (a)				6,666,188	.0	5,267,616
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts	1,591,027	3,779,117		2,110,567	1,591,027	1,524,292
17. Totals (Lines 13-14+15+16)	31,340,919	265,351,511	402,880	29,084,302	31,743,799	28,763,674

(a) Excludes \$ loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Upper Peninsula Health Plan, LLC

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior	9,347	9,347	9,347	9,347	9,347
2. 2018	90,211	100,064	100,064	100,064	100,064
3. 2019	XXX	112,893	123,309	123,309	123,309
4. 2020	XXX	XXX	89,853	103,417	103,417
5. 2021	XXX	XXX	XXX	97,258	110,117
6. 2022	XXX	XXX	XXX	XXX	103,374

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior	9,392	9,392	9,392	9,392	9,392
2. 2018	90,333	100,171	100,171	100,171	100,171
3. 2019	XXX	113,116	123,570	123,570	123,570
4. 2020	XXX	XXX	90,606	104,417	104,417
5. 2021	XXX	XXX	XXX	97,010	110,119
6. 2022	XXX	XXX	XXX	XXX	102,869

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2018.....	98,737	100,064	2,121	2.1	102,185	103.5			102,185	103.5
2. 2019.....	98,961	123,309	2,007	1.6	125,316	126.6			125,316	126.6
3. 2020.....	116,378	103,417	2,513	2.4	105,930	91.0			105,930	91.0
4. 2021.....	120,785	110,117	2,349	2.1	112,466	93.1	250		112,716	93.3
5. 2022	126,055	103,374	2,607	2.5	105,981	84.1	15,447		121,428	96.3

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior	10,061	10,061	10,061	10,061	10,061
2. 2018	126,438	137,760	137,760	137,760	137,760
3. 2019	XXX	81,839	92,886	92,886	92,886
4. 2020	XXX	XXX	109,172	122,289	122,289
5. 2021	XXX	XXX	XXX	157,340	175,822
6. 2022	XXX	XXX	XXX	XXX	161,978

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior	10,057	10,057	10,057	10,057	10,057
2. 2018	112,667	124,369	124,369	124,369	124,369
3. 2019	XXX	82,689	93,709	93,709	93,709
4. 2020	XXX	XXX	120,577	133,544	133,544
5. 2021	XXX	XXX	XXX	159,742	176,785
6. 2022	XXX	XXX	XXX	XXX	164,394

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2018	152,156	137,760	3,269	2.4	141,029	92.7			141,029	92.7
2. 2019	154,998	92,886	3,216	3.5	96,102	62.0			96,102	62.0
3. 2020	154,350	122,289	3,559	2.9	125,848	81.5			125,848	81.5
4. 2021	199,775	175,822	4,143	2.4	179,965	90.1	152	3	180,120	90.2
5. 2022	215,012	161,978	4,725	2.9	166,703	77.5	20,303	343	187,349	87.1

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Upper Peninsula Health Plan, LLC

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior	19,408	19,408	19,408	19,408	19,408
2. 2018	216,649	237,824	237,824	237,824	237,824
3. 2019	XXX	194,732	216,195	216,195	216,195
4. 2020	XXX	XXX	199,025	225,706	225,706
5. 2021	XXX	XXX	XXX	254,598	285,939
6. 2022	XXX	XXX	XXX	XXX	265,352

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior	19,449	19,449	19,449	19,449	19,449
2. 2018	203,000	224,540	224,540	224,540	224,540
3. 2019	XXX	195,805	217,279	217,279	217,279
4. 2020	XXX	XXX	211,183	237,961	237,961
5. 2021	XXX	XXX	XXX	256,752	286,904
6. 2022	XXX	XXX	XXX	XXX	267,263

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2018	250,893	237,824	5,390	2.3	243,214	96.9	.0	.0	243,214	96.9
2. 2019	253,959	216,195	5,223	2.4	221,418	87.2	.0	.0	221,418	87.2
3. 2020	270,728	225,706	6,072	2.7	231,778	85.6	.0	.0	231,778	85.6
4. 2021	320,560	285,939	6,492	2.3	292,431	91.2	402	.3	292,836	91.4
5. 2022	341,067	265,352	7,332	2.8	272,684	80.0	35,750	343	308,777	90.5

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Comprehensive (Hospital & Medical)		4	5	6	7 Federal Employees Health Benefits Plan	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Dental Only	Vision Only		Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1. Unearned premium reserves .....	.0												
2. Additional policy reserves (a) .....	.0												
3. Reserve for future contingent benefits .....	.0												
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)	3,416,350								3,416,350				
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	3,416,350	.0	.0	.0	.0	.0	.0	.0	3,416,350	.0	.0	.0	.0
7. Reinsurance ceded .....	.0												
8. Totals (Net) (Page 3, Line 4)	3,416,350	0	0	0	0	0	0	0	3,416,350	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0												
10. Reserve for future contingent benefits .....	.0												
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0												
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501.													
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$814,823 for occupancy of own building)	5,831	13,299	795,693		814,823
2. Salaries, wages and other benefits	3,130,855	1,689,238	6,680,388		11,500,481
3. Commissions (less \$ceded plus \$assumed)			45,044		45,044
4. Legal fees and expenses	26	59	3,516		3,601
5. Certifications and accreditation fees	18,335	6,445	74,967		99,747
6. Auditing, actuarial and other consulting services	648,479	981,285	1,516,512		3,146,276
7. Traveling expenses	17,874	2,391	94,465		114,730
8. Marketing and advertising	8,096	1,121	335,248		344,465
9. Postage, express and telephone	46,528	2,190	163,545		212,263
10. Printing and office supplies	22,679	762	240,408		263,849
11. Occupancy, depreciation and amortization			21,579		21,579
12. Equipment					0
13. Cost or depreciation of EDP equipment and software			137,276		137,276
14. Outsourced services including EDP, claims, and other services	249,302	134,510	2,295,700		2,679,512
15. Boards, bureaus and association fees	10,922	2,889	223,030		236,841
16. Insurance, except on real estate			306,794		306,794
17. Collection and bank service charges			29,758		29,758
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses			148,334		148,334
22. Real estate taxes			146,420		146,420
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			29,650,937		29,650,937
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes	210,221	113,424	448,556		772,201
23.5 Other (excluding federal income and real estate taxes)					0
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	15,102	0	584,025	0	599,127
26. Total expenses incurred (Lines 1 to 25)	4,384,250	2,947,613	43,942,195	0 (a)	51,274,058
27. Less expenses unpaid December 31, current year		346,486	9,555,914		9,902,400
28. Add expenses unpaid December 31, prior year	0	294,713	10,179,124	0	10,473,837
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	4,384,250	2,895,840	44,565,405	0	51,845,495
DETAILS OF WRITE-INS					
2501. MPCA - Outreach			626,359		626,359
2502. Net Pass Throughs			(42,533)		(42,533)
2503. Member Incentives	15,102		199		15,301
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	15,102	0	584,025	0	599,127

(a) Includes management fees of \$13,477,721 to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a).....	.....
1.1	Bonds exempt from U.S. tax	(a).....	.....
1.2	Other bonds (unaffiliated)	(a).....462,365	.....583,029
1.3	Bonds of affiliates	(a).....0	.....
2.1	Preferred stocks (unaffiliated)	(b).....0	.....
2.11	Preferred stocks of affiliates	(b).....0	.....
2.2	Common stocks (unaffiliated) .....	.....0	.....
2.21	Common stocks of affiliates .....	.....0	.....
3.	Mortgage loans	(c).....	.....
4.	Real estate	(d).....814,823	.....814,822
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments	(e).....836,731	.....829,624
7.	Derivative instruments	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income	2,113,919	2,227,475
11.	Investment expenses		(g).....
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g).....
13.	Interest expense		(h).....
14.	Depreciation on real estate and other invested assets		(i).....244,030
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....244,030
17.	Net investment income (Line 10 minus Line 16)		1,983,445
DETAILS OF WRITE-INS			
0901.	.....		.....
0902.	.....		.....
0903.	.....		.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.	.....		.....
1502.	.....		.....
1503.	.....		.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes \$93,772 accrual of discount less \$157,083 amortization of premium and less \$217,298 paid for accrued interest on purchases.
(b) Includes \$ amortization of premium and less \$0 paid for accrued dividends on purchases.
(c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$ paid for accrued interest on purchases.
(d) Includes \$814,823 for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
(e) Includes \$201,072 accrual of discount less \$101,640 amortization of premium and less \$30,866 paid for accrued interest on purchases.
(f) Includes \$ amortization of premium.
(g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes \$ interest on surplus notes and \$ interest on capital notes.
(i) Includes \$244,030 depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....			.....0		
1.1	Bonds exempt from U.S. tax .....			.....0		
1.2	Other bonds (unaffiliated) .....	.....(65,299)		.....(65,299)		
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
3.	Mortgage loans .....	.....0	.....0	.....0	.....0	.....0
4.	Real estate .....	.....0	.....0	.....0		.....0
5.	Contract loans .....			.....0		
6.	Cash, cash equivalents and short-term investments .....			.....0	.....0	.....0
7.	Derivative instruments .....			.....0		
8.	Other invested assets .....	.....0	.....0	.....0	.....0	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses) .....	.....(65,299)	0	.....(65,299)	0	0
DETAILS OF WRITE-INS						
0901.	.....			.....0		
0902.	.....			.....0		
0903.	.....			.....0		
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	1,222	14,499	13,277
21. Furniture and equipment, including health care delivery assets.....	115,592	113,671	(1,921)
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable.....	6,666,188	5,267,618	(1,398,570)
25. Aggregate write-ins for other-than-invested assets	678,980	740,041	61,061
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	7,461,982	6,135,829	(1,326,153)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	7,461,982	6,135,829	(1,326,153)
DETAILS OF WRITE-INS			
1101.		0	0
1102.		0	0
1103.		0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expenses.....	640,247	676,189	35,942
2502. Vehicles.....	38,733	63,852	25,119
2503.		0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	678,980	740,041	61,061

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	56,983	57,791	58,271	58,924	59,308	699,776
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	56,983	57,791	58,271	58,924	59,308	699,776
DETAILS OF WRITE-INS						
0601. ....	.0					
0602. ....	.0					
0603. ....	.0					
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Upper Peninsula Health Plan, LLC

NOTES TO FINANCIAL STATEMENTS

1.

Summary of Significant Accounting Policies and Going Concern

The accompanying statutory financial statements of Upper Peninsula Health Plan, LLC (the “Company”) have been prepared in conformity with accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (“DIFS”). DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners’ (“NAIC”) Accounting Practices and Procedures Manual (“NAIC SAP”).

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:
- A.

Accounting Practices

	SSAP #	F/S Page	F/S Line #	2022	2021
NET INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 24,096,458	\$ 17,912,968
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				-	-
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 24,096,458	\$ 17,912,968
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 72,517,378	\$ 59,747,073
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				-	-
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 72,517,378	\$ 59,747,073
- B.

Use of Estimates in the Preparation of the Financial Statements

The estimates used in the preparation of the financial statements conformed to the Annual Statement Instructions and Accounting Practices and Procedures Manual.
- C.

Accounting Policy

(1)

Short-term Investments - Stated at amortized cost.

(2)

Bonds, Mandatory Convertible Securities & SVO-Identified investments – The Company does not have any mandatory convertible securities or SVO identified investments.

(3)

Common Stocks - None

(4)

Preferred Stocks - None

(5)

Mortgage loans on real estate - None

(6)

Loan-backed securities – None

(7)

Investments in subsidiaries, controlled or affiliated companies - None

(8)

Investments in joint ventures, partnerships, and limited liability companies - None

(9)

Derivatives - None

(10)

Investment income in premium deficiency calculation - The company does not utilize anticipated investment income as a factor in the premium deficiency calculation.

(11)

Claims Unpaid- The claims unpaid liability for incurred but unpaid and unreported claims is accrued in the period during which the services are provided and includes actuarial estimates of services performed that have not been reported to Upper Peninsula Health Plan, LLC by providers.

(12)

Fixed Asset Capitalization - There was no change in the capitalization policy from prior periods.

(13)

Pharmaceutical Rebate Receivables - The Company derives pharmaceutical rebate receivables from actual confirmed receipts from the PBM.
- D.

Going Concern

There are no conditions or events that would prevent the Company to continue as a going concern.

2.

Accounting Changes and Corrections of Errors

None.

3.

Business Combinations and Goodwill

None.

4.

Discontinued Operations

None.

5.

Investments

A.

Mortgage Loans, including Mezzanine Real Estate Loans

None.

B.

Debt Restructuring

None.

C.

Reverse Mortgages

None.

D.

Loan-Backed Securities

None

E.

Dollar Repurchase Agreements and/or Securities Lending Transactions

None

F.

Repurchase Agreements Transactions Accounted for as Secured Borrowing

None

G.

Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

None

H.

Repurchase Agreements Transactions Accounted for as a Sale

None

I.

Reverse Repurchase Agreements Transactions Accounted for as a Sale

None

J.

Real Estate

None.

K.

Low-Income Housing Tax Credits (LIHTC)

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Upper Peninsula Health Plan, LLC

None.

L. Restricted Assets

As of December 31, 2022, the Company maintained on deposit \$1,003,638 with Wells Fargo held as cash.

M. Working Capital Finance Investments

None

N. Offsetting and Netting of Assets and Liabilities

None

O. 5GI Securities

None.

P. Short Sales

None.

Q. Prepayment Penalty and Acceleration Fees

(1)	Number of CUSIPs	General Account	1
(2)	Aggregate Amount of Investment Income		25,000

R. Reporting Entity’s Share of Cash Pool by Asset type.

None

6. Joint Ventures, Partnerships and Limited Liability Companies

None.

7. Investment Income

A. Due and Accrued Income that was Excluded from Surplus on the following basis

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default are excluded from surplus.

B. Total Amount Excluded

The Company had no investment income due and accrued excluded from surplus.

8. Derivative Instruments

A. Derivatives under SSAP No. 86 – Derivatives

None

B. Derivatives under SSAP No. 108 – Derivatives Hedging Variable Annuity Guarantees

None

9. Income Taxes

None.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of the Relationship Involved

The Company is owned by thirteen healthcare organizations with each owning various percentages. The company has one ultimate controlling person (UCP), Apollo Global Management, LLC. In that, one entity owns greater than 10% of the company’s non-voting stock:

Apollo Global Management, LLC controls 58.97% through its ownership of DLP Marquette Health Plan, LLC, and controls 5.37% through its ownership of Acquisition Bell Hospital.

Apollo Global Management, LLC’s subsidiary, LifePoint Holdings 2, LLC owns 100% of Portage Holding Company, LLC, which controls 10.51% of Upper Peninsula Health Plan.

B. Detail of Transactions

The Company made equity distributions to the thirteen healthcare organization owners totaling \$10,000,000 on April 28, 2022.

Baraga County Memorial - \$84,000
Acquisition Bell Hospital, LLC - \$537,000
Dickinson Healthcare System - \$113,000
Aspirus Grand View Hospital - \$479,000
Aspirus Iron River - \$200,000
Aspirus Keweenaw Hospital - \$338,000
Helen Newberry Joy Hospital - \$207,000
DLP Marquette Health Plan – \$5,897,000
Munising Memorial Hospital - \$13,000
Portage JV, LLC - \$1,050,000
Schoolcraft Memorial Hospital - \$225,000
SSM Tribal Health - \$59,000
War Memorial Hospital - \$748,000

The Company also paid a management fee of \$13,477,721 to its management company, Upper Peninsula Managed Care, LLC through December 31, 2022. All transactions are covered under Note 10-Part F.

C. Transactions with related party who are not reported on Schedule Y

None.

D. Amounts Due From or To Related Parties

Amounts due to(from) Upper Peninsula Health Plan and affiliates totaled (\$1,157,951). Receivables and payables are generally settled on a monthly basis.

E. Material Management or Service Contracts and Cost-Sharing Arrangements

The Company has a Management Service Agreement with its affiliate. This agreement spells out all administrative services provided by the company and includes methods of reimbursement for services performed.

F. Guarantees or Undertakings

None.

G. Nature of the Control Relationship

There are no shares of voting commons stock in the Company. All 100 voting shares were recalled as a result of a change in control effective April 1, 2004.

H. Amount Deducted for Investment in Upstream Intermediate Entity or Ultimate Parent Owned

None.

I. Investments in SCA that Exceed 10% of Admitted Assets

None.

J. Investments in Impaired SCAs

None.

K. Investment in Foreign Insurance Subsidiary

None.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Upper Peninsula Health Plan, LLC

- | L. | Investment in Downstream Noninsurance Holding Company | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|----|---|----|---|----|---------------------|---|-------------|----|--|----|----------|---|----|----|--|----|---|---|-------------|----|---|----|----------|-------------------------------|---------------|----|--|----|------------|
| | None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M. | All SCA Investments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N. | Investment in Insurance SCAs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O. | SCA or SSAP No. 48 Entity Loss Tracking | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. | Debt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. | All Other Debt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Capital Notes - None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. | FHLB (Federal Home Loan Bank) Agreements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. | Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. | Liabilities, Contingencies and Assessments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. | Contingent Commitments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. | Assessments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Assessments – On December 10, 2018, The Center for Medicare and Medicaid Services (CMS) approved the new Michigan Insurance Provider Assessment Tax (IPA) to fund Medicaid in the State of Michigan. The IPA tax is effective retroactive to October 1 2018 and replaces the Michigan Health Insurance Claims Assessment Tax (HICA). This tax is paid directly by the health insurers domiciled in the state of Michigan. As of December 31, 2022 the Company has reported a receivable for IPA tax as an aggregate write-in for other than invested assets in the amount of \$7,193,073 on Page 2, Line 25. A corresponding liability was reported under general expenses due or accrued for the same amount on Page 3, Line 9. The Company has also reported revenues in the amount of \$29,645,496 on the aggregate write-ins for other health care related revenues for the IPA tax on Page 4, Line 6. A corresponding expense has also been reported in general administrative expenses on Page 4, Line 21 for the same amount. This disclosure is promulgated as a reporting requirement by the State of Michigan. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. | Gain Contingencies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D. | Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E. | Joint and Several Liabilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F. | All Other Contingencies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. | Leases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. | Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. | Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. | Transfers of Receivables Reported as Sales | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. | Transfer and Servicing of Financial Assets | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. | Wash Sales | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. | Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. | ASO Plans
The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2022 : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table> <tr> <th></th><th style="text-align: right;">ASO
<u>Uninsured Plans</u></th><th style="text-align: center;">\$</th><th style="text-align: right;">Uninsured Portion
of Partially
<u>Insured Plans</u></th><th style="text-align: center;">\$</th><th style="text-align: right;">Total
<u>ASO</u></th></tr> <tr> <td>a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses</td><td style="text-align: right;">\$ (42,534)</td><td>\$</td><td></td><td>\$</td><td style="text-align: right;">(42,534)</td></tr> <tr> <td>b. Total net other income or expenses (including interest paid to or received from plans)</td><td style="text-align: right;">\$</td><td>\$</td><td></td><td>\$</td><td style="text-align: right;">0</td></tr> <tr> <td>c. Net gain or (loss) from operations (a+b)</td><td style="text-align: right;">\$ (42,534)</td><td>\$</td><td style="text-align: right;">0</td><td>\$</td><td style="text-align: right;">(42,534)</td></tr> <tr> <td>d. Total claim payment volume</td><td style="text-align: right;">\$ 52,846,449</td><td>\$</td><td></td><td>\$</td><td style="text-align: right;">52,846,449</td></tr> </table> | | ASO
<u>Uninsured Plans</u> | \$ | Uninsured Portion
of Partially
<u>Insured Plans</u> | \$ | Total
<u>ASO</u> | a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses | \$ (42,534) | \$ | | \$ | (42,534) | b. Total net other income or expenses (including interest paid to or received from plans) | \$ | \$ | | \$ | 0 | c. Net gain or (loss) from operations (a+b) | \$ (42,534) | \$ | 0 | \$ | (42,534) | d. Total claim payment volume | \$ 52,846,449 | \$ | | \$ | 52,846,449 |
| | ASO
<u>Uninsured Plans</u> | \$ | Uninsured Portion
of Partially
<u>Insured Plans</u> | \$ | Total
<u>ASO</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses | \$ (42,534) | \$ | | \$ | (42,534) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Total net other income or expenses (including interest paid to or received from plans) | \$ | \$ | | \$ | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Net gain or (loss) from operations (a+b) | \$ (42,534) | \$ | 0 | \$ | (42,534) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Total claim payment volume | \$ 52,846,449 | \$ | | \$ | 52,846,449 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. | ASC Plans | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. | Medicare or Other Similarly Structured Cost Based Reimbursement Contract: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of administered Medicare products. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (2) As of December 31, 2022, the Company has recorded a receivable from CMS of \$1,671,998 related to the risk sharing and reinsurance components of administered Medicare products. The Company also recorded a receivable from the State of Michigan of \$15,567,308 and CMS of \$200,385 for amounts receivable under uninsured plans. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (3) In connection with the Company's Medicare Part D cost based reimbursement portion of the contract, the Company has recorded no allowances and reserves for adjustment of recorded revenues at December 31, 2022. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. | Direct Premium Written/Produced by Managing General Agents/Third-Party Administrators | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. | Fair Value Measurements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Upper Peninsula Health Plan, LLC

In general, the Level 1 fair values are established from quoted (unadjusted) market prices in active markets for identical assets and liabilities that the Company has the ability to access.

A. Assets and Liabilities Measured at Fair Value

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash Equivalents	\$ 2,938,869	\$	\$	\$	\$ 2,938,869
Total assets at fair value/NAV	\$ 2,938,869	\$ 0	\$ 0	\$ 0	\$ 2,938,869

(2) Fair Value Measurements in Level 3 - None.

(3) The Company’s policy for determining transfers between levels are recognized and determined at the end of the reporting period.

(4) As of December 31, 2022, the reported fair value of the reporting entity’s investments in Level 3, NAIC designated 6, residential mortgage-backed securities was \$0.

(5) Derivative assets and liabilities - None

B. Other Fair Value Disclosures

Fair value information disclosed under SSAP No. 100 combined with fair value information under other accounting pronouncements – None

C. Fair Value of Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 40,810,231	\$ 41,562,134	\$ 41,562,134	\$	\$	\$	\$
Short Term Investments	\$ 16,706,019	\$ 16,713,226	\$ 16,713,226	\$	\$	\$	\$
Cash Equivalents	\$ 2,938,869	\$ 2,938,869	\$ 2,938,869	\$	\$	\$	\$

E. Investments Measured using the NAV as Practical Expedient

The Company does not have any investments measured using the NAV practical expedient pursuant to SSAP No. 100R.

21. Other Items

None.

22. Events Subsequent

Type 1 - Recognized subsequent events - Subsequent events have been considered through March 1, 2023 for the statutory statement year ending December 31, 2022

Type 2 - Non-recognized subsequent events - Subsequent events have been considered through March 1, 2023 for the statutory statement year ending December 31, 2022

23. Reinsurance

A. Ceded Reinsurance Report

The Company limits a portion of its medical claims liability through stop-loss insurance. Under the terms of this agreement, the insurance company will reimburse approximately 90% of the cost of each member’s applicable annual services in excess of \$350,000 (up to a maximum of \$2,000,000) once an annual aggregate deductible of approximately \$1,000,000 is reached. There was no uncollectible reinsurance written off during the quarter.

Section 1 - General Interrogatories

(1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the Company?

Yes () No (X)

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2 - Ceded Reinsurance Report - Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Section 3 - Ceded Reinsurance Report - Part B

(1) The estimated amount of the aggregate reduction in surplus, of termination of ALL reinsurance agreements, by either party, as of the date of this statement is zero.

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

B. Uncollectible Reinsurance

None.

C. Commutation of Reinsurance Reflected in Income and Expenses

None.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

None.

E. Reinsurance Credit

None.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate Accrued Retrospective Premium Adjustments

The Company estimates accrued retrospective premium adjustments for its Medicare Part D Risk Corridor based on the contract with CMS and actuarial estimates.

B. Accrued Retrospective Premiums Recorded Through Written Premium or as an Adjustment to Earned Premium

The Company records accrued retrospective premium as an adjustment to earned premium.

C. Amount of Net Premiums Written Subject to Retrospective Rating Features

The amount of net premiums written by the Company at December 31, 2022 that are subject to retrospective rating features was \$25,417,312 or 7% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Upper Peninsula Health Plan, LLC

D. Medical loss ratio rebates required pursuant to the Public Health Service Act

Medical loss ratio rebates required pursuant to the Public Health Service Act – None.

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

None.

25. Changes in Incurred Claims and Claim Adjustment Expenses

A. Reasons for changes in the Provision for Incurred Loss and Loss Adjustment Expenses

Reserves as of December 31, 2021 were \$32,506,998 for unpaid claims. As of December 31, 2022, \$29,749,893 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Claims expense reserves remaining for prior years are now \$402,880 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a favorable prior year development of \$2,354,225 during 2022 for the year ended December 31, 2021. Original estimates are increased or decreased as additional information becomes know regarding individual claims.

B. Information about Significant Changes in Methodologies and Assumptions

There have been no significant changes in the methodologies or assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

26. Intercompany Pooling Arrangements

None.

27. Structured Settlements

Health Entities should not complete this Note.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2022	\$ 6,666,188	\$ 0	\$ 0	\$ 0	\$ 2,131,948
09/30/2022	\$ 5,408,770	\$ 0	\$ 0	\$ 0	\$ 0
06/30/2022	\$ 5,266,560	\$ 0	\$ 0	\$ 0	\$ 1,945,898
03/31/2022	\$ 5,392,550	\$ 0	\$ 0	\$ 0	\$ 1,666,880
12/31/2021	\$ 5,267,618	\$ 0	\$ 0	\$ 0	\$ 5,336,642
09/30/2021	\$ 4,860,959	\$ 0	\$ 0	\$ 0	\$ 1,889,172
06/30/2021	\$ 5,408,677	\$ 0	\$ 0	\$ 0	\$ 1,914,151
03/31/2021	\$ 5,660,460	\$ 0	\$ 0	\$ 0	\$ 0
12/31/2020	\$ 3,782,502	\$ 0	\$ 0	\$ 0	\$ 1,951,750
09/30/2020	\$ 3,366,839	\$ 0	\$ 0	\$ 1,918,480	\$ 0
06/30/2020	\$ 3,191,491	\$ 0	\$ 0	\$ 1,575,655	\$ 2,291,249
03/31/2020	\$ 5,732,981	\$ 0	\$ 0	\$ 0	\$ 0
12/31/2019	\$ 3,494,806	\$ 0	\$ 0	\$ 1,598,999	\$ 1,721,723

29. Participating Policies

None.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves

2. Date of the most recent evaluation of this liability

3. Was anticipated investment income utilized in the calculation?
- \$

12/31/2022

Yes [] No [X]
- 0

31. Anticipated Salvage and Subrogation

None.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Upper Peninsula Health Plan, LLC

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

Yes [X] No []
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [X] No [] N/A []
- 1.3

State Regulating? MICHIGAN.....
- 1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [X] No []
- 1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0001411494.....
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]
- 2.2

If yes, date of change:
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2020
- 3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/31/2020
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....02/24/2022
- 3.4

By what department or departments? MICHIGAN DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES.....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business?
4.12 renewals?

Yes [] No [X]
Yes [] No [X]
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business?
4.22 renewals?

Yes [] No [X]
Yes [] No [X]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC.

Yes [] No [X]
- 5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]
- 6.2

If yes, give full information
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]
- 7.2

If yes,
7.21 State the percentage of foreign control0.0 %
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....
.....

- 8.1

Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If response to 8.1 is yes, please identify the name of the DIHC.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [X] No []
- 8.4

If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
Apollo Capital Management, L.P.....	New York, NY.....	NO.....	NO.....	NO.....	YES.....
Apollo Credit Management, LLC.....	New York, NY.....	NO.....	NO.....	NO.....	YES.....
Apollo Global Real Estate Management, L.P.....	New York, NY.....	NO.....	NO.....	NO.....	YES.....
Apollo Investment Management, L.P.....	New York, NY.....	NO.....	NO.....	NO.....	YES.....
Apollo Management, L.P.....	New York, NY.....	NO.....	NO.....	NO.....	YES.....
Apollo Global Securities, LLC.....	New York, NY.....	NO.....	NO.....	NO.....	YES.....
Apollo Senior Floating Rate Fund, Inc.....	New York, NY.....	NO.....	NO.....	NO.....	YES.....
Apollo Tactical Income Fund, Inc.....	New York, NY.....	NO.....	NO.....	NO.....	YES.....
MidCap Financial Investment Corporation.....	New York, NY.....	NO.....	NO.....	NO.....	YES.....
Apollo Capital Credit Advisor, LLC.....	Wilmington, DE.....	NO.....	NO.....	NO.....	YES.....
Aris Management, LLC.....	Wilmington, DE.....	NO.....	NO.....	NO.....	YES.....
Apollo Commercial Real Estate Finance, Inc.....	New York, NY.....	NO.....	NO.....	NO.....	YES.....
Apollo Real Estate Fund Advisor, LLC.....	Wilmington, DE.....	NO.....	NO.....	NO.....	YES.....
Griffin Capital Securities, LLC.....	Wilmington, DE.....	NO.....	NO.....	NO.....	YES.....
Apollo Diversified Real Estate Fund.....	Wilmington, DE.....	NO.....	NO.....	NO.....	YES.....
Apollo Diversified Credit Fund.....	Wilmington, DE.....	NO.....	NO.....	NO.....	YES.....
Athene Securities, LLC.....	West De Moines, IA.....	NO.....	NO.....	NO.....	YES.....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Upper Peninsula Health Plan, LLC

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

- 8.5

Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company?

Yes [] No [X]
- 8.6

If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to theFederal Reserve Board's capital rule?

Yes [] No [X] N/A []
9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
WIPFLI, 10000 INNOVATION DRIVE, SUITE 250, MILWAUKEE, WI 53226.....
- 10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]
- 10.2

If the response to 10.1 is yes, provide information related to this exemption:
- 10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]
- 10.4

If the response to 10.3 is yes, provide information related to this exemption:
- 10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [X] No [] N/A []
- 10.6

If the response to 10.5 is no or n/a, please explain
11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
MILLIMAN, 15800 BLUEMOUND RD., SUITE 400, BROOKFIELD, WI 53005, ACTUARY.....
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [] No [X]
- 12.11

Name of real estate holding company

.....
- 12.12

Number of parcels involved

.....0
- 12.13

Total book/adjusted carrying value

\$.....
- 12.2

If yes, provide explanation
13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [] No []
- 13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [] No []
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [] No [] N/A []
- 14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X] No []
- a.

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b.

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c.

Compliance with applicable governmental laws, rules and regulations;
- d.

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e.

Accountability for adherence to the code.
- 14.11

If the response to 14.1 is no, please explain:
- 14.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes [] No [X]
- 15.2

If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount
.....
.....
.....

BOARD OF DIRECTORS

16.

Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?

Yes [X] No []
17.

Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?

Yes [X] No []
18.

Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes [X] No []

FINANCIAL

19.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes [] No [X]
- 20.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11

To directors or other officers

\$.....0

20.12

To stockholders not officers

\$.....0

20.13

Trustees, supreme or grand (Fraternal only)

\$.....0
- 20.2

Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21

To directors or other officers

\$.....0

20.22

To stockholders not officers

\$.....0

20.23

Trustees, supreme or grand (Fraternal only)

\$.....0
- 21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes [] No [X]
- 21.2

If yes, state the amount thereof at December 31 of the current year:

21.21

Rented from others

\$.....

21.22

Borrowed from others

\$.....

21.23

Leased from others

\$.....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Upper Peninsula Health Plan, LLC

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

21.24 Other \$.....

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [X] No []

22.2 If answer is yes: 22.21 Amount paid as losses or risk adjustment \$.....

22.22 Amount paid as expenses \$.....29,645,496

22.23 Other amounts paid \$.....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....24,991

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [] No [X]

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

¹ Name of Third-Party	² Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes [X] No []

25.02 If no, give full and complete information, relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided) n/a

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....0

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....0

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA [X]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]

25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0

25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0

25.093 Total payable for securities lending reported on the liability page \$.....0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03). Yes [X] No []

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements \$.....

26.22 Subject to reverse repurchase agreements \$.....

26.23 Subject to dollar repurchase agreements \$.....

26.24 Subject to reverse dollar repurchase agreements \$.....

26.25 Placed under option agreements \$.....

26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....

26.27 FHLB Capital Stock \$.....

26.28 On deposit with states \$.....1,003,638

26.29 On deposit with other regulatory bodies \$.....

26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....

26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....

26.32 Other \$.....

26.3 For category (26.26) provide the following:

¹ Nature of Restriction	² Description	³ Amount

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No [X]

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108 Yes [] No []

27.42 Permitted accounting practice Yes [] No []

27.43 Other accounting guidance Yes [] No []

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

28.2 If yes, state the amount thereof at December 31 of the current year. \$.....

29. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []

29.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

¹ Name of Custodian(s)	² Custodian's Address
WELLS FARGO INSTITUTIONAL TRUST SERVICES.....	666 Walnut Street, Des Moines, IA 50309.....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Upper Peninsula Health Plan, LLC

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

29.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [] No [X]

29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation
Jaime Houghton, CFO.....	I.....
Melissa Holmquist, CEO.....	I.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets? Yes [] No [X]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets? Yes [] No [X]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....				
.....				
.....				

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....		
.....		
.....		
30.2999 TOTAL		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund’s Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds.....	58,275,360	57,516,250	(759,110)
31.2 Preferred Stocks.....	0		0
31.3 Totals	58,275,360	57,516,250	(759,110)

31.4 Describe the sources or methods utilized in determining the fair values:
Fair value of bonds are based on quoted market prices.....

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No []

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker’s or custodian’s pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No []

32.3 If the answer to 32.2 is no, describe the reporting entity’s process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
a.Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b.Issuer or obligor is current on all contracted interest and principal payments.
c.The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities? Yes [] No [X]

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities? Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Upper Peninsula Health Plan, LLC

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

36.

By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

a.

The shares were purchased prior to January 1, 2019.

b.

The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c.

The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.

d.

The fund only or predominantly holds bonds in its portfolio.

e.

The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f.

The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes [☐] No [☒]
37.

By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

a.

The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.

b.

If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.

c.

If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.

d.

Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes [☐] No [☐] NA [☒]
- 38.1

Does the reporting entity directly hold cryptocurrencies?

Yes [☐] No [☒]
- 38.2

If the response to 38.1 is yes, on what schedule are they reported?
- 39.1

Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?

Yes [☐] No [☒]
- 39.2

If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21

Held directly

Yes [☐] No [☐]

39.22

Immediately converted to U.S. dollars

Yes [☐] No [☐]

39.3

If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.
- | 1
Name of Cryptocurrency | 2
Immediately Converted to USD,
Directly Held, or Both | 3
Accepted for Payment
of Premiums |
|-----------------------------|--|--|
| | | |
- OTHER
- 40.1

Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$0

40.2

List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.
- | 1
Name | 2
Amount Paid |
|-----------|------------------|
| | \$..... |
| | \$..... |
| | \$..... |
- 41.1

Amount of payments for legal expenses, if any?

\$0

41.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.
- | 1
Name | 2
Amount Paid |
|-----------|------------------|
| | \$..... |
- 42.1

Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$37,764

42.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.
- | 1
Name | 2
Amount Paid |
|--|------------------|
| Kindsvatter, Dalling & Associates Inc..... | \$.....37,764 |
| | \$..... |
| | \$..... |
- Footnote: 7.1 Although the reporting entity is ultimately controlled by Apollo Global Management, Inc., a Delaware corporation, and Marc Rowan, Joshua Harris and Leon Black, each of whom is an individual and a citizen of the U.S., there are one or more intermediate entitites in the chain of control of the reporting entity that are domiciled outside the U.S. as disclosed in Schedule Y.
- 27.4

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
1.2 If yes, indicate premium earned on U.S. business only. \$ 0
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ 0
1.31 Reason for excluding
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ 0
1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ 0
1.6 Individual policies:
Most current three years:
1.61 Total premium earned \$ 0
1.62 Total incurred claims \$ 0
1.63 Number of covered lives 0
All years prior to most current three years:
1.64 Total premium earned \$ 0
1.65 Total incurred claims \$ 0
1.66 Number of covered lives 0
1.7 Group policies:
Most current three years:
1.71 Total premium earned \$ 0
1.72 Total incurred claims \$ 0
1.73 Number of covered lives 0
All years prior to most current three years:
1.74 Total premium earned \$ 0
1.75 Total incurred claims \$ 0
1.76 Number of covered lives 0
2. Health Test:
2.1 Premium Numerator \$ 341,066,314
2.2 Premium Denominator \$ 341,066,314
2.3 Premium Ratio (2.1/2.2) 1.000
2.4 Reserve Numerator \$ 39,569,717
2.5 Reserve Denominator \$ 39,569,717
2.6 Reserve Ratio (2.4/2.5) 1.000
3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]
3.2 If yes, give particulars:
4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []
4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No [X]
5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No []
5.2 If no, explain:
5.3 Maximum retained risk (see instructions)
5.31 Comprehensive Medical \$ 390,000
5.32 Medical Only \$
5.33 Medicare Supplement \$
5.34 Dental and Vision \$
5.35 Other Limited Benefit Plan \$
5.36 Other \$
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
UPHP's Provider Participation Agreement, which it holds with each contracted network provider, contains a member protection provision that prohibits any provider from billing or charging one of UPHP's enrollees, even if UPHP becomes insolvent or if UPHP fails to pay the claim for any reason.
7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []
7.2 If no, give details
8. Provide the following information regarding participating providers:
8.1 Number of providers at start of reporting year 2,709
8.2 Number of providers at end of reporting year 3,148
9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]
9.2 If yes, direct premium earned:
9.21 Business with rate guarantees between 15-36 months
9.22 Business with rate guarantees over 36 months

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [X] No []
- 10.2 If yes:

10.21 Maximum amount payable bonuses\$

10.22 Amount actually paid for year bonuses\$

10.23 Maximum amount payable withholds\$78,025

10.24 Amount actually paid for year withholds\$32,498
- 11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes [] No [X]

11.13 An Individual Practice Association (IPA), or,

Yes [] No [X]

11.14 A Mixed Model (combination of above) ?

Yes [X] No []

Yes [X] No []
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

MICHIGAN.....
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Yes [X] No []
- 11.4 If yes, show the amount required.

24,304,464
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation
200% of RBC authorized control level is required (12,152,232 x 2 = 24,304,464)
12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
Chippewa, Mackinac, Luce, Delta, Alger, Marquette, Schoolcraft, Baraga, Houghton, Keweenaw, Gogebic, Ontonagon, Iron, Menominee, and Dickinson Counties.....

- 13.1 Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$
- 13.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

Yes [] No [N/A [X]
- 14.2 If the answer to 14.1 is yes, please provide the following:

1	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premium Written\$0

15.2 Total Incurred Claims\$0

15.3 Number of Covered Lives.....0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [] No [X]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [] No [X]

FIVE - YEAR HISTORICAL DATA

	1 2022	2 2021	3 2020	4 2019	5 2018
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	140,714,884	133,842,942	130,638,173	117,054,543	108,190,040
2. Total liabilities (Page 3, Line 24)	68,197,506	74,095,869	63,695,790	48,759,949	52,444,184
3. Statutory minimum capital and surplus requirement	24,304,464	23,656,260	19,869,090	18,601,500	18,791,966
4. Total capital and surplus (Page 3, Line 33)	72,517,378	59,747,073	66,942,383	68,294,593	55,745,856
Income Statement (Page 4)					
5. Total revenues (Line 8)	370,868,308	352,611,131	304,330,702	286,338,893	254,392,784
6. Total medical and hospital expenses (Line 18)	297,415,938	283,529,358	232,656,565	217,344,372	222,448,705
7. Claims adjustment expenses (Line 20)	7,331,863	6,490,477	6,071,018	5,241,076	5,390,585
8. Total administrative expenses (Line 21)	43,942,195	45,469,204	47,262,385	44,518,809	17,002,586
9. Net underwriting gain (loss) (Line 24)	22,178,312	17,122,092	18,340,734	19,234,636	9,550,908
10. Net investment gain (loss) (Line 27)	1,918,146	790,876	1,255,732	1,873,703	1,317,224
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	24,096,458	17,912,968	19,596,466	21,108,339	10,868,132
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	14,032,449	24,767,262	29,960,652	34,382,242	1,025,774
Risk-Based Capital Analysis					
14. Total adjusted capital.....	72,517,378	59,747,073	66,942,383	68,294,593	55,745,856
15. Authorized control level risk-based capital.....	12,152,232	11,828,100	9,935,424	9,300,750	9,395,983
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	59,308	56,983	53,839	48,957	48,878
17. Total members months (Column 6, Line 7)	699,776	670,810	613,300	588,014	590,677
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	87.2	88.4	85.9	85.6	88.7
20. Cost containment expenses	1.3	1.1	1.3	1.2	1.2
21. Other claims adjustment expenses	0.9	0.9	0.9	0.9	0.9
22. Total underwriting deductions (Line 23)	102.2	104.7	105.6	105.2	97.6
23. Total underwriting gain (loss) (Line 24)	6.5	5.3	6.8	7.6	3.8
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	31,743,799	26,744,612	21,474,186	21,539,557	19,448,194
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	28,763,674	26,512,967	21,509,196	20,704,087	33,967,416
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors?.....Yes [] No []

If no, please explain

.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

			1	Direct Business Only								
			2	3	4	5	6	7	8	9	10	
State, Etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama	AL	N								.0	.0
2.	Alaska	AK	N								.0	.0
3.	Arizona	AZ	N								.0	.0
4.	Arkansas	AR	N								.0	.0
5.	California	CA	N								.0	.0
6.	Colorado	CO	N								.0	.0
7.	Connecticut	CT	N								.0	.0
8.	Delaware	DE	N								.0	.0
9.	District of Columbia	DC	N								.0	.0
10.	Florida	FL	N								.0	.0
11.	Georgia	GA	N								.0	.0
12.	Hawaii	HI	N								.0	.0
13.	Idaho	ID	N								.0	.0
14.	Illinois	IL	N								.0	.0
15.	Indiana	IN	N								.0	.0
16.	Iowa	IA	N								.0	.0
17.	Kansas	KS	N								.0	.0
18.	Kentucky	KY	N								.0	.0
19.	Louisiana	LA	N								.0	.0
20.	Maine	ME	N								.0	.0
21.	Maryland	MD	N								.0	.0
22.	Massachusetts	MA	N								.0	.0
23.	Michigan	MI	L		126,177,001	216,253,876					342,430,877	.0
24.	Minnesota	MN	N								.0	.0
25.	Mississippi	MS	N								.0	.0
26.	Missouri	MO	N								.0	.0
27.	Montana	MT	N								.0	.0
28.	Nebraska	NE	N								.0	.0
29.	Nevada	NV	N								.0	.0
30.	New Hampshire	NH	N								.0	.0
31.	New Jersey	NJ	N								.0	.0
32.	New Mexico	NM	N								.0	.0
33.	New York	NY	N								.0	.0
34.	North Carolina	NC	N								.0	.0
35.	North Dakota	ND	N								.0	.0
36.	Ohio	OH	N								.0	.0
37.	Oklahoma	OK	N								.0	.0
38.	Oregon	OR	N								.0	.0
39.	Pennsylvania	PA	N								.0	.0
40.	Rhode Island	RI	N								.0	.0
41.	South Carolina	SC	N								.0	.0
42.	South Dakota	SD	N								.0	.0
43.	Tennessee	TN	N								.0	.0
44.	Texas	TX	N								.0	.0
45.	Utah	UT	N								.0	.0
46.	Vermont	VT	N								.0	.0
47.	Virginia	VA	N								.0	.0
48.	Washington	WA	N								.0	.0
49.	West Virginia	WV	N								.0	.0
50.	Wisconsin	WI	N								.0	.0
51.	Wyoming	WY	N								.0	.0
52.	American Samoa	AS	N								.0	.0
53.	Guam	GU	N								.0	.0
54.	Puerto Rico	PR	N								.0	.0
55.	U.S. Virgin Islands	VI	N								.0	.0
56.	Northern Mariana Islands	MP	N								.0	.0
57.	Canada	CAN	N								.0	.0
58.	Aggregate other alien	OT	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
59.	Subtotal		.XXX	.0	126,177,001	216,253,876	.0	.0	.0	.0	342,430,877	.0
60.	Reporting entity contributions for Employee Benefit Plans		.XXX								.0	
61.	Total (Direct Business)		.XXX	0	126,177,001	216,253,876	0	0	0	0	342,430,877	0
DETAILS OF WRITE-INS												
58001.			.XXX									
58002.			.XXX									
58003.			.XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page		.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		.XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG1

2. R – Registered – Non-domiciled RRGs0

3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state0

4. Q – Qualified – Qualified or accredited reinsurer0

5. N – None of the above – Not allowed to write business in the state.....56

(b) Explanation of basis of allocation by states, premiums by states, etc.

All of our members reside in the same jurisdiction and we are only licensed in Michigan. Therefore we do not allocate premiums to any other state.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Marc Rowan, Joshua Harris, Leon Black
Apollo Global Management, Inc.
Athene AOG Holding I Ltd.
Athene AOG Holding II LLC
Athene Holding Ltd.
Athene USA Corporation
A-A Mortgage Holdco, LLC
A-A Mortgage Investor, LLC
A-A Onshore Fund, LLC
ARPH (Headquarters Building), LLC
Athene Employee Services LLC
Athene London Assignment Corporation
Athene Re Services, LLC
Athene Securities, LLC
Athene Assignment Corporation
Athene Noctua, LLC
Athene Risk Aggregator, LLC
ACM Trademarks, L.L.C.
Athene Annuity Re Ltd.
A-A Funding Holdco Offshore I, LLC
A-A Funding Holdco Onshore, LLC
AARE Structured Holdings LLC
Athene Annuity & Life Assurance Company
Athene Annuity and Life Company
Athene Annuity & Life Assurance Company of New York
Athene Life Insurance Company of New York
Structured Annuity Reinsurance Company
Athene Re USA IV, Inc.
Centralife Annuities Service, Inc.
AAIA RML, LLC
P.L. Assigned Services, Inc.
AADE RML, LLC
A-A Funding Holdco Offshore II, LLC
A-A Funding Holdco Onshore, LLC
Athene Life Re International Ltd.
Athene Life Re Ltd.
A-A Onshore Fund, LLC
ADIP (Athene) Carry Plan, L.P
Athene Annuity Re II Ltd.
Athene Asset L.P.

The organizational chart shows the ultimate controlling persons of the reporting entity together with Apollo Global Management, Inc. (“AGM”), the Apollo Operating Group, subsidiaries of the Apollo Operating Group and the Apollo Funds. The Apollo Operating Group refers to (i) the limited partnerships through which the ultimate controlling persons currently operate Apollo’s business and (ii) one or more limited partnerships formed for the purposes of, among other activities, holding certain of Apollo’s gains or losses on its principal investments in the Apollo Funds. The Apollo Funds refers to the funds, alternative asset companies and other entities that are managed by the Apollo Operating Group. The organizational chart does not include subsidiaries or alternative investment vehicles of the Apollo Funds, which are included in Part 1A. Pursuant to a disclaimer of affiliation filed with the domiciliary insurance department of the reporting entity, the organizational chart also does not include any (i) personal investment entities of AGM Inc.’s controlling individuals, Marc Rowan, Joshua Harris and Leon Black, , or (ii) portfolio companies, other than the following portfolio companies that control a United States domiciled insurer (excluding a captive insurer of a portfolio company) and their respective subsidiaries: Aspen Insurance Holdings Limited; Athene Holding Ltd.; Catalina Holdings (Bermuda) Ltd.; LifePoint Health, Inc.; and VA Capital Company LLC.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Athene Co-Invest Reinsurance Affiliate Holding Ltd.
Athene Co-Invest Reinsurance Affiliate 1A Ltd.
Athene Co-Invest Reinsurance Affiliate International Ltd.
Athene Co-Invest Reinsurance Affiliate LP
Athene Co-Invest Reinsurance Affiliate 1B Ltd.
Athene Co-Invest Reinsurance Affiliate Holding 2 Ltd.
Athene Co-Invest Reinsurance Affiliate 2A Ltd.
Athene Co-Invest Reinsurance Affiliate 2B Ltd.
Rosencrantz Depositor, LLC
NNN AGP Opportunities GP, LLC
NNN AGP Opportunities Fund, L.P.
NNN AGP Opportunities Fund II, L.P.
NNN AGP Mezz Borrower II, LLC
NNN AGP Opp Owner II, LLC
NNN AGP Opportunities Fund III, L.P.
A-A Offshore 2021-1 (Java), L.P.
AA Pencil Offshore Holdings, L.P.
A-A Funding Holdco Offshore I, LLC
A-A Funding Holdco Onshore, LLC
A-A Funding Holdco Offshore II, LLC
A-A Funding Holdco Onshore, LLC
Athene Bermuda Employee Company Ltd.
Athene IP Holding Ltd.
Athene North Employment Service Corporation
Athora Holding Ltd.
Athora UK Services Ltd.
Athora Ireland Services Limited
Athora Bermuda Services Ltd.
Athora IP Company Ltd.
Athora MEP Ltd.
Athora Europe Holding (Bermuda) Ltd.
Athora Europe Holding Limited
Generali Belgium S.A./N.V.
Groupe GVA-BC Assurances S.A.
Dedale S.A./N.V.
Generali Real Estate Investment B.V.
Verzekeringskantoor Soenen S.A./N.V.
Webbroker S.A./N.V.
Athora Life Re Ltd.
Athora Ireland plc
Athora Lux Invest S.C.Sp
Athora Europe Investments DAC
Athora Lux Invest S.C.Sp
Athora Deutschland Verwaltungs GmbH
Athora Deutschland Holding GmbH & Co. KG
Athora Deutschland GmbH

Athora Pensionkasse AG
Athora Deutschland Service GmbH
Athora Lux Invest Management S.a.r.l.
Athora Lux Invest SCSp
Athora Real Estate Finance GP, LLC
Athora Real Estate Finance, L.P.
Athora US Invest (AH), LLC
Athora HD Investors, L.P.
Athora Lebensversicherung AG
Athora Real Estate (Lux) S.C.Sp
Athora Real Estate (Lux) Services S.a.r.l.
Athora Real Estate S.a.r.l.
A-A Euro Investment Fund (Lux) GP, S.a r.l.
Athene Japan Employee Services K.K.
Apollo Asset Management, Inc.
APO Asset Co., LLC
Apollo Principal Holdings I GP, LLC
Apollo Principal Holdings I, L.P.
Apollo Capital Management IV, Inc.
Apollo Advisors IV, L.P.
Apollo Investment Fund IV, L.P.
Apollo Overseas Partners IV, L.P.
Apollo Fund Administration IV, L.L.C.
Apollo Capital Management V, Inc
Apollo Advisors V, L.P.
Apollo Investment Fund V, L.P.
Apollo Overseas Partners V, L.P.
Apollo Netherlands Partners V(A), L.P.
Apollo Netherlands Partners V(B), L.P.
Apollo Fund Administration V, L.L.C
Apollo Verwaltungs V GmbH
Apollo German Partners V GmbH & Co.KG
Apollo Capital Management VI, LLC
Apollo Advisors VI, L.P.
Apollo Investment Fund VI, L.P.
Apollo Overseas Partners VI, L.P.
Apollo Overseas Partners (Delaware) VI, L.P.
Apollo Overseas Partners (Delaware 892) VI, L.P.
Apollo Overseas Partners (Germany) VI, L.P.
Apollo Management (Germany) VI, L.P.
Apollo Fund Administration VI, LLC
Apollo Capital Management VII, LLC
Apollo Advisors VII, L.P.
Apollo Investment Fund VII, L.P.
Apollo Investment Fund (I) VII, L.P.
Apollo Overseas Partners VII, L.P.
Apollo Overseas Partners (I) VII, L.P.
Apollo Overseas Partners (Delaware) VII, L.P.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP	
PART 1 – ORGANIZATIONAL CHART	
	Apollo Overseas Partners (Delaware 892) VII, L.P.
	Apollo Investment Fund (PB) VII, L.P.
	Apollo Fund Administration VII, LLC
AGRE CMBS GP II LLC	
2012 CMBS-I GP LLC	
2012 CMBS-II GP LLC	
2012 CMBS III GP LLC	
AGRE CMBS GP LLC	
Apollo ANRP Capital Management, LLC	
	Apollo ANRP Advisors, L.P.
	Apollo ANRP Fund Administration, LLC
	Apollo Natural Resources Partners, L.P.
Apollo Converse Co-Investors, LLC	
Apollo Co-Investors Manager, LLC	
	AGRE Europe Co-Investors (A), L.P.
	AGRE Europe Co-Investors (A), L.P., with respect to Series CAI thereof
	AGRE Europe Co-Investors (A), L.P., with respect to Series GSS thereof
	AGRE Europe Co-Investors (A), L.P., with respect to Series Prime thereof
	AOP Co-Investors (A), L.P.
	AOP Co-Investors (D), L.P.
	ASOP Co-Investors (D), L.P.
	Apollo A-N Credit Co-Investors (FC-D), L.P.
	Apollo Accord Co-Investors II (A), L.P.
	Apollo Accord Co-Investors II (D), L.P.
	Apollo Accord Co-Investors III (A), L.P.
	Apollo Accord Co-Investors III (D), L.P.
	Apollo Accord Co-Investors III B (A), L.P.
	Apollo Accord Co-Investors III B (D), L.P.
	Apollo Accord Co-Investors IV (A), L.P.
	Apollo Accord Co-Investors IV (B), L.P.
	Apollo Accord Co-Investors IV (D), L.P.
	Apollo Accord Co-Investors V (A), L.P.
	Apollo Accord Co-Investors V (D), L.P.
	Apollo Accord+ Co-Investors (A), L.P.
	Apollo Accord+ Co-Investors (B), L.P.
	Apollo Accord+ Co-Investors (D), L.P.
	Apollo ADIP Co-Investors (A), L.P.
	Apollo ADIP Co-Investors (D), L.P.
	Apollo AGRE SFR Co-Investors (A), L.P.
	Apollo AGRE APREF Co-Investors (D), L.P.
	Apollo AGRE USREF Co-Investors (A), L.P.
	Apollo AIE II Co-Investors (A), L.P.
	Apollo AIE II Co-Investors (B), L.P.
	Apollo Alamo Co-Investors (D), L.P.
	Apollo ANRP Co-Investors (A), L.P.
	Apollo ANRP Co-Investors (B), L.P.
	Apollo ANRP Co-Investors (D), L.P.
	Apollo ANRP Co-Investors (DC-D), L.P.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

- Apollo ANRP Co-Investors (FC-D), LP
- Apollo ANRP Co-Investors (IH-A), LP
- Apollo ANRP Co-Investors (IH-D), LP
- Apollo ANRP Co-Investors II (A), L.P.
- Apollo ANRP Co-Investors II (D), L.P.
- Apollo ANRP Co-Investors II (IH-A), L.P.
- Apollo ANRP Co-Investors II (IH-D), L.P.
- Apollo ANRP Co-Investors II (DC-D), L.P.
- Apollo ANRP Co-Investors III (A), L.P.
- Apollo ANRP Co-Investors III (D), L.P.
- Apollo ANRP Co-Investors III (DC-D), L.P.
- Apollo APC Co-Investors (A), L.P.
- Apollo Asia Co-Investors, LLC
- Apollo Asia Real Estate Co-Investors (A), L.P.
- Apollo Asia Real Estate II Co-Investors (A), L.P.
- Apollo Asia Real Estate II Co-Investors (D), L.P.
- Apollo Calliope Co-Investors (D), L.P.
- Apollo Capital Efficient Co-Investors (D), L.P.
- Apollo Centre Street Co-Investors (DC-D), L.P.
- Apollo Champ Co-Investors, L.P.
- Apollo Chiron Credit Co-Investors (D), L.P.
- Apollo Co-Investors VI (DC-D), L.P.
- Apollo Co-Investors VI (EH-GP), LLC
- Apollo Co-Investors VI (FC-D), LP
- Apollo Co-Investors VII (B), LLC
- Apollo Co-Investors VII (C), LLC
- Apollo Co-Investors VII (D), L.P.
- Apollo Co-Investors VII (DC-D), L.P.
- Apollo Co-Investors VII (EH-A), L.P.
- Apollo Co-Investors VII (EH-D), LP
- Apollo Co-Investors VII (FC-D), L.P.
- Apollo Co-Investors VII (NR D), L.P.
- Apollo Co-Investors VII (NR DC-D), L.P.
- Apollo Co-Investors VII (NR EH-D), L.P.
- Apollo Co-Investors VII (NR FC-D), LP
- Apollo Co-Investors VIII (A), L.P.
- Apollo Co-Investors VIII (D), L.P.
- Apollo Co-Investors VI (EH-D), LP
- Apollo Co-Investors VIII (DC-D), L.P.
- Apollo Co-Investors VIII (EH-A), L.P.
- Apollo Co-Investors VIII (EH-D), L.P.
- Apollo Co-Investors VIII (FC-D), L.P.
- Apollo Co-Investors X (A), L.P.
- Apollo Co-Investors X (D), L.P.
- Apollo Co-Investors IX (A), L.P.
- Apollo Co-Investors IX (D), L.P.
- Apollo Co-Investors VI (A), LLC
- Apollo Co-Investors VI (B), LLC

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Apollo Co-Investors VI (C), LLC
 Apollo Co-Investors VI (D), L.P.
 Apollo Co-Investors VII (A), L.P.
 Apollo Credit Fund Co-Investors, LP
 Apollo Credit Opportunity Co-Investors III (A) LP
 Apollo Credit Opportunity Co-Investors III (B) LP
 Apollo Credit Strategies Co-Investors, LP
 Apollo Credit Strategies Co-Investors (D), L.P.
 Apollo Defined Return Co-Investors (D), L.P.
 Apollo Digital Origin Co-Investors (A), L.P.
 Apollo Digital Origin Co-Investors (D), L.P.
 Apollo Energy Opportunity Co-Investors (A) LP
 Apollo EPF Co-Investors II (A), L.P.
 Apollo EPF Co-Investors II (D), L.P.
 Apollo EPF Co-Investors II (Euro), L.P.
 Apollo EPF Co-Investors III (A), L.P.
 Apollo EPF Co-Investors III (D), L.P.
 Apollo EPF Co-Investors IV (A), L.P.
 Apollo EPF Co-Investors IV (D), L.P.
 Apollo Excelsior Co-Investors (D), L.P.
 Apollo Franklin Co-Investors (DC-D), L.P.
 Apollo HVF Co-Investors (A), L.P.
 Apollo HVF Co-Investors (D), L.P.
 Apollo HVF Co-Investors (DC-D), L.P.
 Apollo HVF Co-Investors II (A), L.P.
 Apollo HVF Co-Investors II (D), L.P.
 Apollo Impact Mission Co-Investors (A), L.P.
 Apollo Impact Mission Co-Investors (D), L.P.
 Apollo Infra Equity Co-Investors (A), L.P.
 Apollo Infra Equity Co-Investors (D), L.P.
 Apollo Infra Equity Co-Investors (IH-D), L.P.
 Apollo Infrastructure Opportunities II Co-Investors (A), L.P.
 Apollo Infrastructure Opportunities II Co-Investors (D), L.P.
 Apollo Kings Alley Credit Co-Investors (D), L.P.
 Apollo Lincoln Private Credit Co-Investors (DC-D), L.P.
 Apollo Navigator Co-Investors I (A), L.P.
 Apollo Navigator Co-Investors I (D), L.P.
 Apollo Navigator Co-Investors I (DC-D), L.P.
 Apollo PPF Credit Strategies Co-Investors (FC-D), L.P.
 Apollo Revolver Co-Investors (A), L.P.
 Apollo Revolver Co-Investors (D), L.P.
 Apollo Revolver Co-Investors II (A), L.P.
 Apollo Revolver Co-Investors II (D), L.P.
 Apollo Royalties Co-Investors I (D), L.P.
 Apollo RRH Co-Investors (A), L.P.
 Apollo Senior Loan Fund Co-Investors (D), L.P.
 Apollo SOMA Co-Investors, LLC
 Apollo SPAC Co-Investors I (A), L.P.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP	
PART 1 – ORGANIZATIONAL CHART	
	Apollo SPAC Co-Investors I (D), L.P.
	Apollo Special Situations Co-Investors (A), L.P.
	Apollo Special Situations Co-Investors (D), L.P.
	Apollo Special Situations Co-Investors (IH-A), L.P.
	Apollo Special Situations Co-Investors (IH-D), L.P.
	Apollo SPN Co-Investors (D), L.P.
	Apollo SPN Co-Investors (DC-D), L.P.
	Apollo SPN Co-Investors (FC-D), L.P.
	Apollo Structured Credit Recovery Co-Investors III (A) LP
	Apollo Structured Credit Recovery Co-Investors IV (A) LP
	Apollo SVF 2010 Bonus Pool, L.P.
	Apollo SVF Co-Investors Offshore, L.P.
	Apollo SVF Co-Investors, LLC
	Apollo Tactical Value SPN Co-Investors (DC-D), L.P.
	Apollo Total Return Co-Investors (A) LP
	Apollo Total Return Fund - Investment Grade Co-Investors (A), L.P.
	Apollo Total Return Fund - Investment Grade Co-Investors (D), L.P.
	Apollo Tower Credit Co-Investors (DE FC-D), L.P.
	Apollo Union Street Co-Investors (D), L.P.
	Apollo Union Street SPV Co-Investors (D), L.P.
	Apollo USREF Co-Investors II (A), L.P.
	Apollo USREF Co-Investors III (A), L.P.
	Apollo USREF Co-Investors III (D), L.P.
	Apollo USREF III Royce Co-Investors (A), L.P.
	Apollo Venerable Co-Investors (A), L.P.
	FCI Co-Investors II (A), L.P.
	FCI Co-Investors III (A), L.P.
	FCI Co-Investors IV (A), L.P.
	FCI Co-Investors IV (D), L.P.
VA Capital Management CIV GP, LLC	VA Capital Management Co-Investors, L.P.
APH Holdings, L.P.	
	ACC Advisors A/B, LLC
	Apollo U.S. Real Estate Advisors GP III, LLC
	Apollo U.S. Real Estate Advisors III, L.P.
	Apollo U.S. Real Estate Partners III (Offshore), L.P.
	Apollo U.S. Real Estate Partners III (TE), L.P.
	Apollo U.S. Real Estate Fund III, L.P.
	Apollo U.S. Real Estate Fund III (Lux) GP, S.a r.l.
	Apollo U.S. Real Estate Fund III Acquisitions, LLC
	Apollo 100 West Putnam Advisors GP, LLC
	Apollo Capital Management X, LLC
	Apollo Advisors X, L.P.
	Apollo Co-Investors X (B), L.P.
	Apollo Co-Investors X (C), L.P.
	Apollo Investment Fund (DE-I) X, L.P.
	Apollo Investment Fund X, L.P.
	Apollo Overseas Partners (Delaware) X, L.P.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

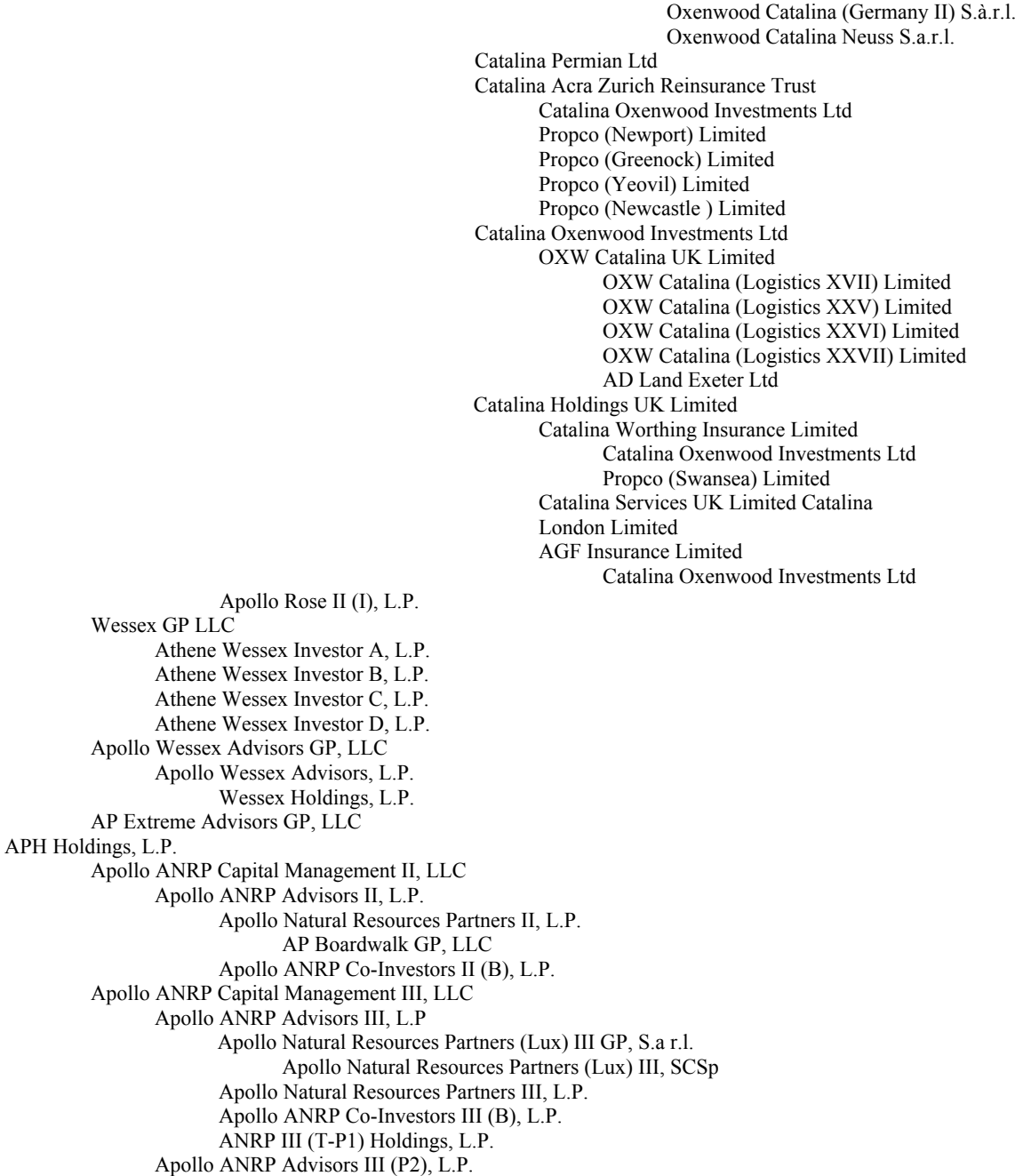
Apollo Overseas Partners (Delaware 892) X, L.P.
Apollo Overseas Partners (I) X, L.P.
Apollo Overseas Partners X, L.P.
Apollo Advisors X (EH-GP), LLC
Apollo ADIP Capital Management II, LLC
Apollo ADIP Advisors II, L.P.
Apollo/Athene Dedicated Investment Program II, L.P.
Apollo Climate Partners Capital Management, LLC
Apollo Climate Partners Advisors, L.P.
Apollo Climate Partners, L.P.
Apollo Climate Partners (DE 892), L.P.
Apollo Climate Overseas Partners (Lux) GP, S.a r.l.
AP Violet Advisors GP, LLC
VLS Holdings Advisors GP LLC
VLS Holdings Advisors, L.P.
Apollo Principal Holdings III GP, Ltd.
Apollo Principal Holdings III, L.P.
Apollo Administration GP Ltd.
Stanhope Life Advisors, L.P.
Apollo Advisors V (EH), LLC
Apollo Advisors V (EH Cayman), L.P.
Apollo Advisors VI (EH-GP), Ltd.
Apollo Advisors VI (EH), L.P.
Apollo Advisors VII (EH-GP), Ltd.
Apollo Advisors VII (EH), L.P.
AAA Life Re Carry, L.P.
Apollo ANRP Advisors (IH-GP), LLC
Apollo ANRP Advisors (IH), L.P.
Financial Credit I Capital Management, LLC
Financial Credit Investment Advisors I, L.P.
Apollo SPN Capital Management, LLC
Apollo SPN Advisors, L.P.
Apollo SPN Investments I, L.P.
AAA MIP Limited
AAA Associates, L.P.
AAA Investments (Co-Invest VI), L.P.
AP Caps II Holdings GP, LLC
Acropolis Infrastructure Acquisition Sponsor, L.P.
APSG Sponsor, L.P.
APSG Sponsor II, L.P.
APSG Sponsor III, L.P.
Delphi Growth Capital Sponsor, L.P.
APSG Advisors GP, LLC
Acropolis Infrastructure Acquisition Advisors, L.P.
APSG Advisors, L.P.
APSG Advisors II, L.P.
Delphi Growth Capital Advisors, L.P.
Delaware Rose GP L.L.C

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Apollo Rose GP, L.P.
 Apollo Rose II Co-Investors (H), L.P.
 Apollo Rose II (A), L.P.
 Apollo Rose II (B), L.P.
 Apollo Rose II (C), L.P.
 Apollo Rose II (D), L.P.
 Apollo Rose II (E), L.P.
 Apollo Rose II (F), L.P.
 Apollo Rose II (G), L.P.
 Catalina Holdings (Bermuda) Ltd.
 Catalina Alpha Ltd
 Alea Group Holdings (Bermuda) Ltd.
 FIN LLC
 Alea Holdings US Company
 Alea North America Insurance Company
 SPARTA Insurance Company
 Catalina U.S. Insurance Services LLC
 National American Insurance Company of California
 QLT Buffalo LLC
 AHUSCO Statutory Trust I
 AHUSCO Statutory Trust II
 AHUSCO Statutory Trust III
Catalina Services Asia Pacific PTE Ltd.
Catalina General Insurance Ltd.
 Asia Capital Reinsurance Group PTE. Ltd.
 Asia Capital Reinsurance Malaysia SDN BHD
 Propco (Telford) Limited
 ACR ReTakaful Holdings Ltd. UAE
 ACCR Sendirian Berhad
Catalina Corporate Capital Limited
Catalina Echo Limited
 Residential Loss Control Holdings LLC
 Home Construction Management Inc
 National Home Insurance Company (A Risk Retention Group)
 ProBuilders Specialty Insurance Company, RRG
Catalina Services Switzerland AG
Catalina Foxtrot Holdings Limited
 Catalina Insurance Ireland dac
 Propco (Swansea) Limited
 Catalina Oxenwood European Investments Ltd.
Catalina Oxenwood Real Estate II Ltd
 OXW Capital LP
 Oxenwood Real Estate LLP
 OXW Capital Management Limited
 OXW Partners LP
Catalina Oxenwood European Investments Ltd
 Oxenwood Catalina III Limited
 OXW Catalina European Holdco S.a.r.l.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP	
PART 1 – ORGANIZATIONAL CHART	
	Apollo Natural Resources Partners (P2) III, L.P.
Apollo Capital Management VIII, LLC	
Apollo Advisors VIII, L.P.	
Apollo Fund Administration VIII, LLC	
Apollo Investment Fund VIII, L.P.	
Apollo Investment Fund (I) VIII, L.P.	
Apollo Overseas Partners VIII, L.P.	
Apollo Overseas Partners (I) VIII, L.P.	
Apollo Overseas Partners (Delaware) VIII, L.P.	
Apollo Overseas Partners (Delaware 892) VIII, L.P.	
Apollo Hybrid Value Capital Management, LLC	
Apollo Hybrid Value Advisors, L.P.	
Apollo HVF Co-Investors (B), L.P.	
Apollo HVF Co-Investors (C), L.P.	
Apollo Hybrid Value Overseas Partners (Lux) GP, S.a r.l.	
Apollo Hybrid Value Overseas Partners (Lux), SCSp	
Apollo Hybrid Value Overseas Partners (Delaware 892), L.P.	
Apollo Hybrid Value Overseas Partners, L.P.	
Apollo Hybrid Value Fund, L.P.	
AA Direct GP, LLC	
AA Direct, L.P.	
AP AL Holdings GP, LLC	
AP Ulysses Advisors, LLC	
AP Monterrey Advisors, LLC	
AP Beta 7, L.P.	
VA Capital Company LLC	
Venerable Holdings, Inc.	
Venerable Insurance and Annuity Company	
Corporate Solutions Life Reinsurance Company	
Rocky Range, Inc.	
Directed Services LLC	
VIAC Services Company	
Apollo Special Situations Advisors GP, LLC	
Apollo Special Situations Advisors, L.P.	
Apollo Special Situations Fund, L.P.	
AA GP Solutions Advisors GP, LLC	
AA GP Solutions Advisors, L.P.	
AA GP Solutions Fund, L.P.	
Apollo Credit Secondaries I GP, LLC	
Apollo Credit Secondaries Fund I, L.P.	
Apollo Credit Secondaries Fund I (A), L.P.	
Apollo Credit Secondaries Fund I (B), L.P.	
Apollo Credit Secondaries I Advisors GP, LLC	
Apollo Credit Secondaries I Advisors, L.P.	
Apollo Advisors IX (EH-GP), LLC	
Apollo Advisors IX (EH), L.P.	
AP Highlands Co-Invest, L.P.	
Highlands Bermuda Holdco, Ltd.	

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP	
PART 1 – ORGANIZATIONAL CHART	
	AIF IX International Holdings, L.P.
	AP Highlands Holdings (GP), LLC
	AP Highlands Holdings, L.P.
	Highlands Bermuda Holdco, Ltd.
	Aspen Insurance Holdings Limited
	Aspen Bermuda Limited
	Aspen (UK) Holdings Limited
	Aspen Risk Management Limited
	Aspen UK Syndicate Services Limited
	APJ Asset Protection Jersey Limited
	Aspen U.S. Holdings, Inc.
	Aspen American Insurance Company
	Aspen Specialty Insurance Company
	Aspen Insurance U.S. Services Inc.
	Aspen Specialty Insurance Management, Inc.
	Aspen Specialty Insurance Solutions, LLC
	Aspen Re America, Inc.
	Digital Risk Resources, LLC
	Aspen Insurance UK Services Limited
	AIUK Trustees Limited
	Aspen Australia Service Company Pty Limited
	Aspen European Holdings Limited
	Aspen Insurance UK Limited
	Acorn Limited
	Blue Waters Insurers, Corp.
	Aspen Managing Agency Limited
	Aspen Singapore Pte. Limited
	Aspen Underwriting Limited
	Silverton Re Ltd.
	Aspen (US) Holdings Limited
	Aspen Capital Advisors Inc.
	Aspen Capital Management Limited
	Peregrine Reinsurance Ltd
	Aspen Cat Fund Limited
	Harvest Holdings II GP, LLC
	Harvest Holdings II (C), L.P.
	Harvest Holdings II (V), L.P.
	Karpos Investments II (C), L.P.
	Karpos Investments II (V), L.P.
	Apollo Infra Equity Advisors (IH-GP), LLC
	Apollo Infra Equity Advisors (IH UT), L.P.
	Apollo Infra Equity Advisors (IH), L.P.
	Apollo Infra Equity International Fund, L.P.
	Apollo Infra Equity Feeder Fund (TE Debt), L.P.
	Apollo FIG Carry Pool Aggregator GP, LLC
	Apollo FIG Carry Pool Aggregator, L.P.
	Apollo FIG Carry Pool Intermediate (FC), L.P.
	Apollo FIG Carry Pool Intermediate, L.P.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

- Apollo Advisors VIII (EH-GP), Ltd.
 - Apollo Advisors VIII (EH), L.P.
 - Apollo Co-Investors VIII (EH-E), L.P.
- Financial Credit II Capital Management, LLC
 - Financial Credit Investment Advisors II, L.P.
 - Financial Credit Investment II, L.P.
- Financial Credit III Capital Management, LLC
 - Financial Credit Investment Advisors III, L.P.
 - Financial Credit Investment III, L.P.
- Financial Credit IV Capital Management, LLC
 - Financial Credit Investment Advisors IV, L.P.
 - Financial Credit Investment IV, L.P.
 - Financial Credit Investment (PF) IV, L.P.
 - Financial Credit Investment IV (Feeder), L.P.
- Apollo ADIP Capital Management, LLC
 - Apollo ADIP Advisors, L.P.
 - Apollo/Athene Dedicated Investment Program (A), L.P.
 - Apollo/Athene Dedicated Investment Program (B), L.P.
 - Apollo/Athene Dedicated Investment Program (C), L.P.
 - Apollo/Athene Dedicated Investment Program (D), L.P.
 - Apollo/Athene Dedicated Investment Program (E), L.P.
 - Apollo ADIP (Lux) GP, S.a r.l.
 - Apollo/Athene Dedicated Investment Program (Lux), SCSp
- Apollo Hybrid Value Capital Management II, LLC
 - Apollo Hybrid Value Advisors II, L.P.
 - Apollo Hybrid Value Overseas Partners II, L.P.
 - Apollo Hybrid Value Overseas Partners (Delaware 892) II, L.P.
 - Apollo Hybrid Value Fund II, L.P.
 - Apollo HVF Co-Investors II (B), L.P.
 - Apollo Hybrid Value Overseas Partners (Lux) GP II, S.a r.l.
 - Apollo Hybrid Value Overseas Partners (Lux) II, SCSp
 - Apollo Grizzly Bear Co-Invest Ultimate GP, LLC
 - Apollo Hybrid Value Overseas Partners (MS I) II, L.P.
 - Apollo Hybrid Value Fund (MS I) II, L.P.
 - Apollo TAMF Co-Invest Ultimate GP, LLC
 - Apollo TAMF Co-Invest GP, L.P.
 - Apollo TAMF Co-Invest, L.P.
- AA IX Holdings, LLC
- Apollo Impact Mission Capital Management, LLC
 - Apollo Impact Mission Advisors, L.P.
 - Apollo Impact Mission Overseas Partners (Delaware 892), L.P.
 - Apollo Impact Mission Fund, L.P.
 - Apollo Impact Mission Overseas Partners (Lux) GP, S.a r.l.
 - Apollo Impact Mission Overseas Partners (Lux), SCSp
 - Apollo Impact Mission Co-Investors (B), L.P.
 - Apollo Impact Mission Fund (Overseas), L.P.
- Apollo Capital Management IX, LLC
 - Apollo Advisors IX, L.P.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

AP Castle Holdings GP S.a r.l.
Apollo Fund Administration IX, LLC
Apollo Investment Fund IX, L.P.
Apollo Overseas Partners (Delaware) IX, L.P.
Apollo Overseas Partners (Delaware 892) IX, L.P.
Apollo Overseas Partners IX, L.P.
Apollo Overseas Partners (I) IX, L.P.
Apollo Co-Investors IX (B), L.P. Apollo Investment Fund (I) IX, L.P.
Apollo Co-Investors IX (C), L.P.
Apollo Overseas Partners (Lux) IX GP, S.a r.l.
 Apollo Overseas Partners (Lux) IX, SCSp
AP IX GenPar, LLC
AP IX DSB Holdings, L.P.
 DSB Parent GP, LLC
 Knight Parent Ventures LP
 Forward Health Ventures L.P.
 Forward Health Ventures Holdings, Inc.
 Forward Health Ventures (A) LLC
 Forward Health Ventures (B) LLC
 STeM Parent L.P.
 STeM Holdings Inc.
 STeM Management, LLC
 STeM Operating, LLC
 Forward Health Ventures Investments GP, LLC
DSB Holdings II GP, LLC
 DSB Holdings II, L.P.
 DSB Parent L.P.
 DSB Holdings, Inc.
 DSB Acquisition LLC
 LifePoint Health, Inc.
 Legacy LifePoint Health, LLC
 Province Healthcare Company, LLC
 Brim Hospitals, Inc.
 Colorado Plains Physician Practices, LLC
 Las Cruces Cardiology Group, LLC
 Las Cruces Endoscopy Partner, LLC
 Las Cruces Endoscopy, LLC
 Lohman Endoscopy Center, LLC
 Las Cruces Physician Practices, LLC
 Los Alamos Physician Practices, LLC
 Martinsville Physician Practices, LLC
 Memorial Prompt Care, LLC
 Northeastern Nevada Physician Practices, LLC
 PHC-Aviation, Inc.
 PHC-Elko, Inc.
 PHC-Fort Mohave, Inc.
 PHC-Fort Morgan, Inc.
 PHC-Lake Havasu, Inc.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

- Havasu Regional Medical Center, LLC
- HRMC, LLC
- PHC-Lakewood, Inc
 - PHC-Morgan City, L.P.
- PHC-Las Cruces, Inc.
- PHC-Los Alamos, Inc.
- PHC-Minden G.P., Inc
 - PHC-Minden, LLC
- PHC-Morgan Lake, Inc.
 - PHC-Morgan City, L.P.
- PHC-Selma, LLC
- PHC-Tennessee, Inc.
- Principal-Needles, Inc.
- Teche Regional Physician Practices, LLC
- Valley View Physician Practices, LLC
- Historic LifePoint Hospitals, LLC
- LifePoint Hospitals Holdings, LLC
 - AdvantagePoint Health Alliance, LLC
 - AdvantagePoint Health Alliance – Blue Ridge, LLC
 - AdvantagePoint Health Alliance – Bluegrass, LLC
 - AdvantagePoint Health Alliance - Hot Springs, LLC
 - AdvantagePoint Health Alliance - Mesilla Valley, LLC
 - AdvantagePoint Health Alliance - Paris, LLC
 - AdvantagePoint Health Alliance – Tennessee Valley, LLC
 - AdvantagePoint Health Alliance – Great Lakes, LLC
 - AdvantagePoint Health Alliance – Laurel Highlands, LLC
 - AdvantagePoint Health Alliance – Northwest, LLC
 - AdvantagePoint Health Alliance – Western North Carolina, LLC
 - Ashley Valley Medical Center, LLC
 - Ashley Valley Physician Practice, LLC
 - Castleview Medical, LLC
 - Castleview Hospital, LLC
 - Castleview Physician Practice, LLC
 - HealthyHub, LLC
 - Home Health Partner, LLC
 - HSC Credentialing Support Services, LLC
 - HSCGP, LLC
 - LifePoint Corporate Services, General Partnership
 - America Management Companies, LLC
 - LifePoint Billing Services, LLC
 - Forward Health Ventures (A) LLC
 - Forward Health Ventures (B) LLC
 - LifePoint CSLP, LLC
 - LifePoint Corporate Services, General Partnership
 - Forward Health Ventures (A) LLC
 - Forward Health Ventures (B) LLC
 - LifePoint Holdings 2, LLC
 - Acquisition Bell Hospital, LLC

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

- Upper Peninsula Health Plan, LLC
- Upper Peninsula Managed Care, LLC
- AMG-Crockett, LLC
- AMG-Southern Tennessee, LLC
- AMG-Trinity, LLC
- Athens Physicians Practice, LLC
- Athens Regional Medical Center, LLC
- Athens Surgery Center Partner, LLC
- Athens Surgery Center, LLC
- Bell JV, LLC
- Bell Physician Practices, Inc.
- Clark Regional Physician Practices, LLC
- Community Medical, LLC
- Community-Based Services, LLC
- Crockett Hospital, LLC
- Crockett PHO, LLC
- Danville Diagnostic Imaging Center, LLC
- Danville Physician Practices, LLC
- Danville Regional Medical Center, LLC
- Danville Regional Medical Center School of Health Professions, LLC
- Gateway Health Alliance, Inc.
- Memorial Hospital of Martinsville & Henry County Ambulatory Surgery Center, LLC
- Two Rivers Physician Practices, LLC
- DLP Partner, LLC
- DLP Healthcare, LLC
 - DLP Marquette Holding Company, LLC
 - DLP Marquette Health Plan, LLC
 - Upper Peninsula Health Plan, LLC
 - Upper Peninsula Managed Care, LLC
 - DLP Marquette General Hospital, LLC
 - DLP Marquette JV, LLC
 - U.P. Imaging Management Services, LLC
 - DLP Marquette Physician Practices, Inc.
 - DLP Cardiac Partners, LLC
 - DLP Central NC Holding Company, LLC
 - DLP Central Carolina Medical Center, LLC
 - DLP Central Carolina Family Medicine, LLC
 - DLP Central Carolina Medical Group, LLC
 - DLP Central Carolina Physician Practices, LLC
 - DLP Central NC JV, LLC
 - Guardian Health Service, L.L.C.
 - DLP Frye Regional Medical Center, LLC
 - DLP Cardiology Associates, LLC
 - DLP Cardiology Physicians, LLC
 - DLP Frye Medical Group, LLC
 - DLP Frye Regional Physician Practices, LLC
 - DLP Graystone Family Practice Associates, LLC
 - DLP Hickory Family Practice Associates, LLC

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

- DLP Good Shepherd Holding Company, LLC
 - DLP Good Shepherd JV, LLC
 - DLP Gregg County Hospital, LLC
 - DLP Marshall Medical Center, LLC
- DLP Harris JV, LLC
- DLP Harris Regional Hospital, LLC
 - DLP Western Carolina Physician Practices, LLC
- DLP Haywood Regional Medical Center, LLC
- DLP Maria Parham Medical Center, LLC
 - DLP Maria Parham Physician Practices, LLC
- DLP Person Memorial Hospital, LLC
 - DLP Person Physician Practices, LLC
 - DLP Person Urgent Care, LLC
- DLP Rutherford Regional Health System, LLC
 - DLP Rutherford Physician Practices, LLC
- DLP Swain County Hospital, LLC
- DLP Twin County Holding Company, LLC
 - DLP Twin County Physician Practices, LLC
 - DLP Twin County Regional Healthcare, LLC
- DLP Wilson Holding Company, LLC
 - DLP WilMed Nursing Care and Rehabilitation Center, LLC
 - DLP Wilson Medical Center, LLC
 - DLP Wilson Physician Practices, LLC
- DLP Partner Central Carolina, LLC
- DLP Partner Conemaugh, LLC
- DLP Partner Frye, LLC
- DLP Partner Marquette, LLC
- DLP Partner MedWest, LLC
- DLP Partner Twin County, LLC
- DLP Partner Wilson Rutherford, LLC
- Fauquier Partner, LLC
 - Fauquier Holding Company, LLC
 - Fauquier Diagnostic Imaging Center, LLC
 - Fauquier Long-Term Care, LLC
 - Fauquier Medical Center, LLC
 - Fauquier Physician Practices, LLC
- Georgetown Rehabilitation, LLC
- HDP Andalusia, LLC
- HDP Georgetown, LLC
- Hillside Hospital, LLC
- HSC Manager, LLC
- Kansas Healthcare Management Company, Inc.
 - Kansas Healthcare Management Services, LLC
- Kansas Healthcare Management Services, LLC
- Kentucky Hospital, LLC
- Kentucky Medserv, LLC
- Kentucky Physician Services, Inc. LHSC, LLC
- LifePoint Medical Group – Hillside, Inc.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

- AMG-Hillside, LLC
- LifePoint of Kentucky, LLC
 - Bourbon Community Hospital, LLC
 - Bourbon Physician Practice, LLC
 - Buffalo Trace Radiation Oncology Associates, LLC
 - Fleming Medical Center, LLC
 - Georgetown Community Hospital, LLC
 - HCK Logan Memorial, LLC
 - Kentucky MSO, LLC
 - Meadowview Physician Practice, LLC
 - Meadowview Regional Medical Center, LLC
 - Meadowview Regional Medical Center Pain Management, LLC
 - PineLake Physician Practice, LLC
 - PineLake Regional Hospital, LLC
 - R. Kendall Brown Practice, LLC
 - Silechnik Practice, LLC
 - Woodford Hospital, LLC
- LifePoint of Lake Cumberland, LLC
 - LCMC PET, LLC
 - Somerset Surgery Partner, LLC
 - Lake Cumberland Surgery Center, LP
 - Lake Cumberland Cardiology Associates, LLC
 - Lake Cumberland Physician Practices, LLC
 - LCMC MRI, LLC
 - Lake Cumberland Regional Hospital, LLC
 - Lake Cumberland Regional Physician Hospital Organization, LLC
- LifePoint RC, Inc.
- Logan Medical, LLC
- Meadowview Rights, LLC
- Northwest Medical Center-Winfield, LLC
- Norton Partner, LLC
 - The Regional Health Network of Kentucky and Southern Indiana, LLC
 - RHN Clark Memorial Hospital, LLC
 - RHN Clark Memorial Physician Practices, LLC
 - RHN Scott Memorial Hospital, LLC
 - RHN Scott Physician Practices, LLC
- NWMC-Winfield Hospitalist Physicians, LLC
- NWMC-Winfield Physician Practices, LLC
- Piedmont Partner, LLC
- Portage Holding Company, LLC
 - PH Copper Country Apothecaries, LLC
 - Portage Hospital, LLC
 - Portage Calumet MOB, LLC
 - Portage JV, LLC
 - Ontonagon Community Health Center, Inc.
 - Upper Peninsula Health Plan, LLC
 - Upper Peninsula Managed Care, LLC
 - Portage Physician Practices, Inc.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

- Portage Partner, LLC
- Professional Billing Services, LLC
- Providence Holding Company, LLC
 - Providence Group Practices, LLC
 - Providence Group Practices II, LLC
 - Providence Hospital, LLC
 - PERS Legacy, LLC
 - Providence Imaging Center, LLC
 - Providence Professional Services, LLC
 - Providence Physician Practices, LLC
- River Parishes Hospital, LLC
- River Parishes Partner, LLC
- River Parishes Physician Practices, LLC
- Riverview Medical Center, LLC
- Riverview Physician Practices, LLC
- Rockdale Clinically Integrated Medical Care Organization, LLC
- Rockdale Hospital, LLC
- Rockdale Physician Practices, LLC
- Smith County Memorial Hospital, LLC
- Southern Tennessee EMS, LLC
- Southern Tennessee Medical Center, LLC
- Southern Tennessee PHO, LLC
- Spring View Hospital, LLC
- Spring View Physician Practices, LLC
- Springhill Medical Center, LLC
- Sumner Partner, LLC
 - Sumner Ambulatory Surgery Center, LLC
- Sumner Physician Practices, LLC
- Sumner Real Estate Holdings, LLC
- Sumner Regional Medical Center, LLC
 - SST Community Health, L.L.C.
- THM Physician Practice, LLC
- Trousdale Medical Center, LLC
- Trousdale Physician Practices, LLC
- Ville Platte Medical Center, LLC
 - Wythe County Community Hospital, LLC
 - Wythe County Physician Practices, LLC
- LifePoint NMTC, LLC
- LifePoint PSO, LLC
- My HealthPoint, LLC
- Poitras Practice, LLC
- Riverton Oncology Practice, LLC
- Shared Business Services, LLC
- LifePoint Acquisition Corp.
- LifePoint VA Holdings, Inc.
 - Clinch Professional Physician Services, LLC
 - Clinch Valley Medical Center, Inc.
 - Clinch Valley Physicians Associates, LLC

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

- Clinch Valley Pulmonology, LLC
- Clinch Valley Urology, LLC
- Orthopedics of Southwest Virginia, LLC
- LifePoint WV Holdings, Inc.
- Raleigh General Hospital, LLC
- West Virginia Management Services Organization, Inc.
- Lima HoldCo, LLC
 - Capella Health Holdings, LLC
 - Capella Holdings, LLC
 - Capella Healthcare, LLC
 - Capella DISCO, LLC
 - Kershaw Health Holdings, LLC
 - Kershaw Clinics, LLC
 - Kershaw Hospital, LLC
 - KershawHealth Ambulatory Surgery Center, LLC
 - KershawHealth Cancer Center, LLC
 - Muskogee Holdings, LLC
 - Capella Holdings of Oklahoma, LLC
 - Muskogee Medical and Surgical Associates, LLC
 - Muskogee Physician Group, LLC
 - Muskogee Regional Medical Center, LLC
 - Providence MRI Associates, L.L.C.
 - Providence Radiologic Services, L.C.
 - NPMC Holdings, LLC
 - Arkansas Healthcare Services, LLC
 - Hot Springs Imaging Center, LLC
 - Hot Springs National Park Hospital Holdings, LLC
 - National Park Real Property, LLC
 - National Park Cardiology Services, LLC
 - National Park Endoscopy Center, LLC
 - National Park Family Care, LLC
 - National Park GI Services, LLC
 - NPMC, LLC
 - Oregon Healthcorp, LLC
 - McMinnville Immediate Health Care, LLC
 - Willamette Valley Clinics, LLC
 - Willamette Valley Health Solutions, LLC
 - Willamette Valley Medical Center, LLC
 - RCCH PMDS, LLC
 - RCCH Trios Health Holdings, LLC
 - RCCH Washington Holdings, LLC
 - CMCH Holdings, LLC
 - Lourdes Holdings, LLC
 - Lourdes Hospital, LLC
 - Lourdes Physician Services, LLC
 - PNWCIN LLC
 - RCCH-Northwest, LLC
 - RCCH-UW Medicine Healthcare Holdings, LLC

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

CCMC Holdeo, LLC
RCCH Trios Health, LLC
High Desert Surgery Center, L.L.C.
RCCH Trios Physicians, LLC
Saline County Hospital, LLC
St. Joseph Holdings, LLC
St. Joseph Hospital, LLC
SJRMC Interventional Radiology Services, LLC
St. Joseph Physician Services, LLC
St. Mary’s Holdings, LLC
Russellville Holdings, LLC
Saint Mary’s Primary Care Network, LLC
St. Mary’s Physician Services, LLC
St. Mary’s Specialty, LLC
Saline County Medical Center Joint Venture, LLC
Saline Clinics, LLC
Saline Hospital, LLC
Saline FirstCare, Inc.
DLP Lima Partner, LLC
DLP Conemaugh Holding Company, LLC
DLP Conemaugh Memorial Medical Center, LLC
DLP Conemaugh Miners Medical Center, LLC
DLP Conemaugh Meyersdale Medical Center, LLC
DLP Conemaugh Physician Practices, LLC
DLP Conemaugh JV, LLC
Nason Medical Center, LLC
Nason Physician Practices, LLC
RCHP-Ottumwa Holdings, Inc.
Ottumwa Physicians, LLC
Ottumwa ER, LLC
Ottumwa Health Group, LLC
RCHP-Ottumwa, LLC
Collaborative Laboratory Services, L.L.C.
RRL Ottumwa, LLC
Western Plains Regional Hospital, LLC
Dodge City Healthcare Group, LLC
Western Plains Physician Practices, LLC
Lima HoldCo Parent, LLC
RCHP, LLC
Point of Life Indemnity, LTD.
RCHP Management Company, Inc.
RegionalCare Hospital Partners, LLC
Essent Healthcare, Inc.
EHCO, LLC
Essent Healthcare of Massachusetts, Inc.
Essent Haverhill Healthcare Group, Inc.
Essent DISCO, LLC
Essent Healthcare – Ayer, Inc.